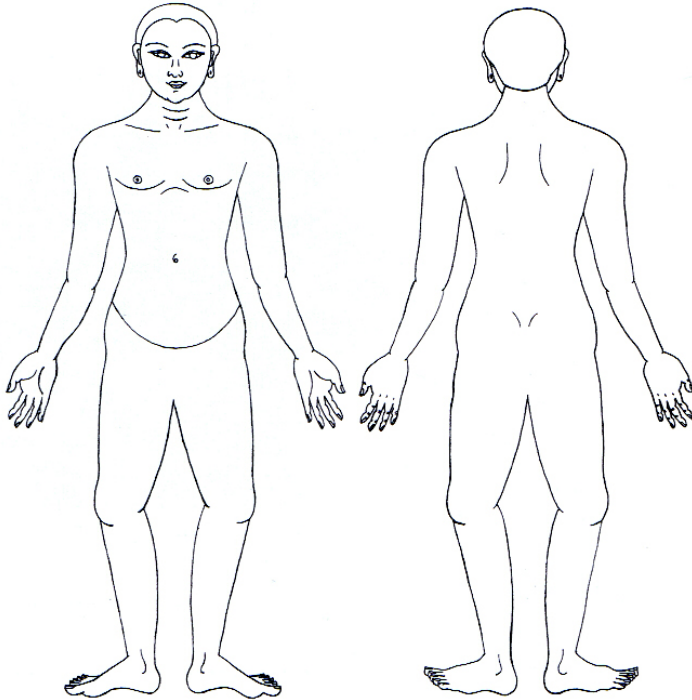


Name:
Phone:



Please circle your areas of tension on the drawing

Please indicate below if you have any health conditions of which your practitioner should be aware:

Do you have any movement restriction to be respected?

YES

NO

If you checked yes above please describe:

Date: / /	Signature:
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DISCLAIMER: The purpose of massage is for relaxation and not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. If you have a specific medical condition or symptom, receiving or performing massage may be contraindicated or require modification. A referral from your primary care provider may be requested prior to receiving and/or performing massage. Lotus Palm will not be held liable for any injury or similar condition that arises from the application of massage.

Ayurvedic Constitutional Test			
	Vata	Pitta	Kapha
Body	Thin physique, dry, rough skin, pronounced veins, small hands <input type="checkbox"/>	Medium physique, muscular, moist reddish skin, medium hands <input type="checkbox"/>	Stocky, pale, smooth skin, large hands <input type="checkbox"/>
Sleep	Light, restless <input type="checkbox"/>	Moderate, may wake up but will fall back to sleep <input type="checkbox"/>	Deep, tough to wake up <input type="checkbox"/>
Sweat	Scanty, variable, <input type="checkbox"/>	Profuse, hot, <input type="checkbox"/>	Moderate, cold <input type="checkbox"/>
Appetite	Light, Variable <input type="checkbox"/>	Robust, hard to skip meals <input type="checkbox"/>	Constant but able to skip meals <input type="checkbox"/>
Circulation	Poor, variable <input type="checkbox"/>	Strong, warm <input type="checkbox"/>	Slow, steady <input type="checkbox"/>
Sensitivity	Cold, wind, dryness <input type="checkbox"/>	Heat, sun, <input type="checkbox"/>	Cold, damp <input type="checkbox"/>
Common Illness	Arthritis, mental disorders, insomnia, body pain <input type="checkbox"/>	Fevers, infections, inflammatory diseases <input type="checkbox"/>	Congestion, mucous, water retention <input type="checkbox"/>
Mental Activities	Active, adaptable, creative, enthusiastic <input type="checkbox"/>	Focused, precise competitive, articulate <input type="checkbox"/>	Stable, patient, affectionate, down- to-earth <input type="checkbox"/>
Energy Levels	Highly energetic, frequent fluctuations <input type="checkbox"/>	Vigorous and determined <input type="checkbox"/>	Stable, sometimes lethargic <input type="checkbox"/>
Totals	Vata <input type="text"/>	Pitta <input type="text"/>	Kapha <input type="text"/>

Remarks:
