S H A N T I A Y U R V E D A
"Ancient Healing Wisdom for our Modern World"

14726 Ramona Ave., Suite 410-S10
Chino, California 91710

Marisa Laursen
Clinical Ayurvedic Specialist

Dear Prospective Client:

Congratulations on taking this very important step in your healing journey! Thank you for considering Shanti Ayurveda for your holistic health care needs. In preparation for your consultation, I am enclosing an Intake Packet for you to review, complete and return to Shanti Ayurveda prior to your intake appointment. The Consultation Intake Packet includes:

- Cover letter (2 pages)
- Health Information and History (7 pages)
- Financial Policy Agreement (1 page)
- Informed Consent (1 page)
- Directions to Shanti Ayurveda (1 page)

Please read the attached information, complete all forms, and return them to Shanti Ayurveda prior to your appointment date. Please keep this cover letter and the directions page for your own records.

- Your appointment date and time is: Date: _____ Time: _____
- Date this packet is due back to Shanti Ayurveda: _____
- You may return the completed forms by fax, email, or mail to the following address:

  Shanti Ayurveda
  14726 Ramona Ave., Suite 410-S10
  Chino, CA 91710
  FAX (815) 572-5394
  Marisa@ShantiAyurveda.com

Ayurveda is a profoundly effective healing science that has been around since the dawn of humankind. It is the foundational healing wisdom of our planet, the wisdom that explains the workings of nature and our interconnectedness with it. By coming to understand the principles of Ayurveda, one achieves an understanding of the forces at work within one's body, mind and soul and how we are governed by the same patterns and rhythms that govern all of nature. This amazing knowledge allows us to take control of our own health and healing, as we gain an understanding of that which brings us balance and that which brings disharmony and imbalance. By learning to maintain harmony within ourselves, we are effectively closing the door on physical, emotional and mental disease, disallowing it to have a foothold within our selves. Thus, healing occurs at the deepest, most causal level. Ayurveda works not by just pacifying symptoms but by removing obstacles to health.

It is my pleasure to serve as your guide, healer, coach and teacher on this journey. I devote a great deal of time to each client, as I come to understand both your natural state of balance and your current imbalanced state. Ayurveda utilizes an endless number of holistic healing modalities, and along your healing journey I will introduce many of these to you, providing you the tools necessary to achieve and maintain your health and well-being. Although many results occur quite rapidly, more long-standing imbalances are resolved gradually, over a period of six months to one year.

You will undoubtedly find the attached questionnaire to be quite in-depth; this is because Ayurveda is truly holistic, and a complete understanding of you, your health history, lifestyle patterns, and health concerns is an important part of the process.

CLIENT NAME: _____

At the first appointment, I will collect additional information as I strive to gain a deep understanding of your states of balance and imbalance. Plan to allow about two hours for this first appointment.

Approximately one week after the initial appointment, we will meet again for your "Report of Findings". At this appointment I will explain to you your inherent state of balance and your current state of imbalance. I will also present to you my general treatment plan. Depending on what is required, you will be given herbs, dietary and lifestyle recommendations, or other healing practices.

After these first two meetings, it is important that we continue to meet on a regular basis during the early stages of your healing in order to support you on your journey, review your progress and integrate new lifestyle practices as appropriate. At the beginning, it is best to meet approximately every one to two weeks. As time goes on and you gain an ever-deepening understanding of how balance is achieved and maintained within your body, these meetings will become less frequently until they occur only seasonally.

My fees are as follows:

- Initial Consultation - $175
  This visit generally lasts about two hours.
- Report of Findings Visit and Follow-Up Visits - $85
  These visits generally last about one hour.
- Herbal Formulations
  All herbal formulations are custom-made specifically for you. Pricing is based on ingredients, quantity and shipping. On average, a one-month supply is $40.00 per formula plus tax and shipping if required.

I realize that your health is deeply personal and profoundly important. Please be assured that I do not undertake this lightly; I work closely with each of my clients in a respectful, confidential, dedicated manner. Thus, your healing becomes a joint effort, utilizing my expertise and insight along with your willingness and commitment.

I very much look forward to working with you. It is my honor to bring the time-honored wisdom of Ayurveda to you as I assist you on your healing journey.

In Love and Light,

Marisa Laursen
Clinical Ayurvedic Specialist
Pancha Karma Specialist
Ayurvedic Yoga Therapist
Ayurvedic Educator

CLIENT NAME: _____

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Shanti Ayurveda
Marisa Laursen, Clinical Ayurvedic Specialist
14726 Ramona Ave., Suite 410-S10, Chino, CA 91710
(909) 896-2004 / FAX (815) 572-5394 / Marisa@ShantiAyurveda.com
www.ShantiAyurveda.com

CONFIDENTIAL CLIENT HISTORY

Name:_____

Address:_____

City, State, Zip: _____

Telephone – Home: _____ Work: _____ Cell:_____

Email: _____ Birth date: _____ Age: _____

Partner status: _____ # of children: _____ Ages: _____ Occupation: _____

Is there a possibility that you are pregnant? □ Yes □ No □ Possible Are you nursing? □ Yes □ No

What do you want to achieve or change in terms of your health and wellness? _____

_____

_____

MEDICAL HISTORY

Personal History

Do you or your parents, grandparents, brothers or sisters have a history of: (check ailments that apply)

	Myself	Family Member: Maternal	Paternal
Allergies to Foods or Drugs	Yes [ ]	Yes [ ]	Yes [ ]
Anemia	Yes [ ]	Yes [ ]	Yes [ ]
Arthritis	Yes [ ]	Yes [ ]	Yes [ ]
Asthma, Pneumonia, TB	Yes [ ]	Yes [ ]	Yes [ ]
Blood Pressure, High / Low	Yes [ ]	Yes [ ]	Yes [ ]
Cancer	Yes [ ]	Yes [ ]	Yes [ ]
Chemotherapy / Radiation	Yes [ ]	Yes [ ]	Yes [ ]
Chest Pain / Angina	Yes [ ]	Yes [ ]	Yes [ ]
Cholesterol, elevated	Yes [ ]	Yes [ ]	Yes [ ]
Dental Treatment Complications	Yes [ ]	Yes [ ]	Yes [ ]
Diabetes	Yes [ ]	Yes [ ]	Yes [ ]
Dizziness	Yes [ ]	Yes [ ]	Yes [ ]
Epilepsy, Convulsions, Seizures	Yes [ ]	Yes [ ]	Yes [ ]
Fainting	Yes [ ]	Yes [ ]	Yes [ ]
Feet or Ankles, Swelling	Yes [ ]	Yes [ ]	Yes [ ]
Glaucoma, Eye Surgery	Yes [ ]	Yes [ ]	Yes [ ]
Heart Attack	Yes [ ]	Yes [ ]	Yes [ ]
Heart Disease / Heart Murmur	Yes [ ]	Yes [ ]	Yes [ ]

	Myself	Family Member: Maternal	Paternal
Heart Surgery	Yes [ ]	Yes [ ]	Yes [ ]
Hepatitis A	Yes [ ]	Yes [ ]	Yes [ ]
Hepatitis B	Yes [ ]	Yes [ ]	Yes [ ]
Hepatitis Non-A / Non-B	Yes [ ]	Yes [ ]	Yes [ ]
HIV Exposure	Yes [ ]	Yes [ ]	Yes [ ]
Implant, Prosthesis	Yes [ ]	Yes [ ]	Yes [ ]
Kidney or Bladder Disease	Yes [ ]	Yes [ ]	Yes [ ]
Mental disorder	Yes [ ]	Yes [ ]	Yes [ ]
Mononucleosis, Jaundice, Gallstone	Yes [ ]	Yes [ ]	Yes [ ]
Ear pain or ringing	Yes [ ]	Yes [ ]	Yes [ ]
Jaw pops, clicks or locks	Yes [ ]	Yes [ ]	Yes [ ]
Prolonged Bleeding When Cut	Yes [ ]	Yes [ ]	Yes [ ]
Rheumatic Fever	Yes [ ]	Yes [ ]	Yes [ ]
Shortness of Breath	Yes [ ]	Yes [ ]	Yes [ ]
Stroke/Cerebro Vascular Accident	Yes [ ]	Yes [ ]	Yes [ ]
Thyroid Disease or Medication	Yes [ ]	Yes [ ]	Yes [ ]
Ulcers, Intestinal Bleeding	Yes [ ]	Yes [ ]	Yes [ ]
Venereal Diseases	Yes [ ]	Yes [ ]	Yes [ ]

Please explain any items checked: _____

_____

_____

_____

CLIENT NAME: _____

Any other disease or problems?

Serious illnesses/dates: _____

Hospitalizations/dates: _____

Operations/dates: _____

Other conditions/dates:_____

Have you been under the care of a licensed health care practitioner in the past year? □ Yes □ No If so, for what reasons:

_____

Date of last physical exam: _____

Any current or past history of:

□ Serious injuries
□ Trauma
□ Emotional/mental stresses
□ Troubled lifestyle conditions
□ Changes in weight
□ Aches, pains
□ Stress
□ Fatigue
□ Mental clarity/concentration
□ Vision problems, including dry eyes
□ Hot flashes
□ Cosmetic surgery

Please describe any items checked: _____

GENERAL HEALTH AND LIFESTYLE PATTERNS

1. *Do you exercise regularly?* □ Yes □ No Length of time: _____ Times per week: _____

Type(s) of exercise: _____

2. *Do you currently smoke?*

□ Yes How many cigarettes per day? _____ How long have you smoked? _____

□ No Have you ever smoked? □ Yes □ No If yes, when did you quit? _____

3. *Any current or past use of addictive substances?* □ Yes □ No

Substance: _____ Amount: _____ If quit, when? _____

Substance: _____ Amount: _____ If quit, when? _____

4. *Do you experience allergic reactions to any substances (food, environmental, etc.)?* □ Yes □ No If yes, please explain:

_____

5. *Please describe your work or school life* (1 = least, 5 = most):

Level of stress: (please circle): 1 2 3 4 5 Level of work/school satisfaction: 1 2 3 4 5

6. P*lease describe your primary intimate relationship:*

Level of stress: (please circle): 1 2 3 4 5 Level of satisfaction: 1 2 3 4 5

7. *Are you currently experiencing stress in any other close relationship?* _____

8. *Are you sexually active?* Please include masturbation. □ Yes □ No Total times per week / month _____

Level of satisfaction with sexual activity: 1 2 3 4 5

9. *Do you have any specific spiritual practices?* Please describe: _____

_____

CURRENT MEDICATIONS, HERBS OR SUPPLEMENTS

What medications, herbs, or supplements are you currently taking?
Please include significant remedies that you have recently stopped taking.
Please also include birth control and hormone replacement therapy.

Substance	For each substance, indicate if over-the counter, M.D. prescription, etc.	Pres-cribed by whom?	Taken for what purpose?	Taken for how long?	What is your current dosage?	What have been the benefits?	Notes (Practitioner Use Only)
	□ OTC □ Prescription □ Currently taking □ No longer taking □ Herb □ Vit □ Drug						
	□ OTC □ Prescription □ Currently taking □ No longer taking □ Herb □ Vit □ Drug						
	□ OTC □ Prescription □ Currently taking □ No longer taking □ Herb □ Vit □ Drug						
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DIETARY PATTERNS

Please indicate your primary food choices and meal times:

Meal	Times(s)	Typical Foods and Beverages
Breakfast		
Lunch		
Dinner		
Snacks		

1. *Do you have any routines around eating?* Please explain: _____

_____

2. *Any current or past chronic eating disorders or other food related issues?* □ Yes □ No

Comments: _____

3. How much of the following do you drink?:

Water: # cups per day: _____
Non-caffeinated beverages: # cups per day:_____ Type(s): herbal tea / milk / juice / other _____
Caffeinated beverages: # cups per day: _____ Types(s): coffee / tea / soda
Alcohol: # cups _____ per: day / week / month; Beer / wine / hard alcohol / other _____

DAILY SCHEDULE

Please describe your activities from the time you wake up until you go to sleep (eating, sleeping, exercise, work, school, other activities). Please include approximate times.

	Time	Activities	
Awaken			Variations
Breakfast			
Activities			
Lunch			
Activities			
Dinner			
Activities			
Evening Activities			
Bed-time			

List regular practices that are not included in the above schedule, e.g. exercise, meditation, spiritual practices, etc.

_____

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AYURVEDIC PROFILE

Please circle the descriptions that best describe you *at this time in your life*

(Please disregard items in gray)

Therapist Use
Prakruti

FUNCTIONAL PROFILE

Digestion / Appetite	**VATA**	**PITTA**	**KAPHA**
Describe your hunger level	Variable	Strong	Low
Reaction to missing meals	Anxious, lightheaded	Irritable	Not significant
Typical quantity of meals	Medium or varies	Large	Small
Frequency of meals	Irregular	Regular	Regular
Eating speed	Quick	Medium	Slow
Digestion after eating (circle all that apply)	Gas, bloating, belching, pain	Heartburn, acid indigestion, smelly gas	Heavy, sluggish, sleepy, nausea, vomiting
Timing of after eating response	2+ hours after eat	1 hour after eat	Immediate

Trigger/problem foods: _____

Notes: _____

_____

_____

Digestion:	Vata _____	Pitta _____	Kapha _____	V P K

Elimination

Frequency of bowel movements	Less than 1 time per day	2 or more times per day	1 time per day	
Bowel movement tendency	Constipation	Loose, unformed	Thick, sluggish	
Level of comfort of BM	Straining, painful	Burning	Slow	
Consistency and color of stool	Dry, pellets, food particles in stool	Bloody stool, unusual color	Oily, mucousy	

Notes: _____

_____

_____

Elimination:	Vata	Pitta	Kapha	V P K

Creativity and Sex Drive

Sex drive	Variable or low	Moderate	Strong

Creative Practices (music, art, dance, gardening, etc.) _____

_____

Sex Drive:	Vata _____	Pitta _____	Kapha _____	V P K

CLIENT NAME: _____

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Therapist Use
Prakruti

Temperature/Sweating	**VATA**	**PITTA**	**KAPHA**
Body temperature tendency	Cold, variable	Warm	Cool
How much do you sweat?	Hardly at all	Profuse	Medium, profuse
Exertion/heat needed to sweat	Lots	Hardly any	Moderate
Odor of sweat	Hardly any	Potent	Sweet

Notes: _____

_____

_____

Temperature: Vata _____ Pitta _____ Kapha _____ V P K

Skin

What is the condition of your skin? Dry, variable Somewhat oily Damp

Any skin irritations, rashes, acne, boils, hives, eczema, etc.? Please describe _____

_____

Notes: _____

_____

_____

Skin: Vata _____ Pitta _____ Kapha _____ V P K

Menstruation / Menopause

Menstruation patterns. If menopausal, please describe patterns while still menstruating.

Regularity	Irregular, variable	Regular	Regular
Quantity of flow	Light, variable	Heavy	Moderate, heavy
Level of menstrual discomfort	Painful	Moderate	Painless

Are you taking HRT (hormone replacement therapy)? ☐ yes ☐ no *Birth Control?* ☐ yes ☐ no

Have you had a hysterectomy? ☐ yes ☐ no Date: _____ *Are you post-menopausal?* ☐ yes ☐ no

Notes: _____

_____

_____

Menses: Vata _____ Pitta _____ Kapha _____ V P K

Sleep

Type of sleep	Light	Medium	Heavy
Ease in falling asleep	Variable, difficult	Medium	Easy
Ease in waking up	Easy	Medium	With difficulty

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Therapist Use
Prakruti

	VATA	PITTA	KAPHA
What sort of dreams do you have?	Fearful, flying, running, jumping	Angry, fiery, violent, adventure	Flowing, romantic, relationships

Do you suffer from insomnia? How often, and please describe: _____

_____

Notes: _____

_____

Sleep:	Vata _____	Pitta _____	Kapha _____

V P K

Functional Totals

V___P___K__

TOTAL FUNCTIONAL PROFILE: VATA _____ PITTA _____ KAPHA _____

PERSONALITY PROFILE

Which describes you best?	Go off on my own	Leader	Follower
How do you react to stress?	Overwhelmed, scattered	Make a plan, rise to challenge	Take it in stride
How are you at decision making?	Fast, indecisive, often change mind	Fast decision, stick with it	Slow
Are you more like a….	Butterfly (flit from person to person, project to project)	Bull (set your sights and stay on target)	Turtle (Take your time, get there eventually)
Mental activity	Quick mind, restless	Sharp, aggressive, focused	Calm, steady, stable
Approach to projects	Good beginner but don't always finish	Have a plan and finish on time	Slow, but always finish
Memory	Short-term best	Good general memory	Long-term best
Thoughts	Constantly changing	Fairly steady	Steady, stable, fixed
Concentration	Short-term focus best	Better than average concentration	Good long-term focus
Ability to learn	Quick grasp of learning	Medium to moderate grasp	Slow to learn new things
Speech pattern	Fast, rambling	Clear, concise, sharp	Slow, quiet
Relationships	Many casual	Intense	Long and deep
	V_____	P_____	K_____

V P K

Manas Prakruti

V___P___K__

LT Manas Vikruti: V___ P___ K___

CLIENT NAME: _____

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At this time in your life, which of the following are you most challenged by?

Please indicate Frequency with a letter and Intensity with a number, as follows:

Frequency: R = Rarely M = Monthly W = Weekly D = Daily C = Constantly

Intensity: 1 to 3 = mild 4 to 7 = moderate 8 to 10 = severe

	Fre-quency		Inten-sity			Fre-quency		Inten-sity			Fre-quency		Inten-sity	
Worry					**Irritability**					**Depression**				
Anxiety					**Anger**					**Lethargy**				
Fear					**Rage**					**Resentment**				
Over-whelm					**Jealousy**					**Procras-tination**				
Spacey					**Envy**					**Greediness**				
Indecisive					**Self-critical**					**Sadness**				
Poor memory					**Critical of others**					**Over-attachment**				
Stress					**Intense**					**Poor mental clarity**				
Grief					**Sharp tongue**									
	Vata					Pitta					Kapha			

Please take a moment and review your answers above. ***Please circle anything that is a long-term tendency*** *(meaning a life-long pattern, or something that has been happening for longer than about 6 months).*

Notes: _____

_____

_____

_____

_____

Practitioner's Use:
R=0; M=1; W=2; D=3; C=4
1 to 3=1; 4 to 7=2; 8 to 10=3

CLIENT NAME: _____

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Financial Policy Agreement

for

SHANTI AYURVEDA

1. There is a $175 charge for each initial consultation with a Clinical Ayurvedic Specialist (approx. 1½ to 2 hours). This fee is for consultation and information only and does not include any other services or products.
2. There is a $85 charge for each Follow-Up Visit (approx. one hour) and for the Report of Findings Visit (approx. one hour).
3. There is an additional charge for herbal formulas and other services or products. Fees will be explained to you prior to your purchase. Additional shipping charges may apply. Fees for herbs and products must be paid in advance at the time they are ordered.
4. Fees are due at the time the services are rendered. Shanti Ayurveda does not provide monthly billing.
5. Payment may be made by cash, credit card or check.
6. Shanti Ayurveda does not bill insurance companies for services, herbs or products.
7. If you miss an appointment without giving 24 hours notice, you will be responsible for the full hourly rate of $85.

I have read and understood the financial policies outlined above.

Client's Signature: _____ Date: _____

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INFORMED CONSENT

to receive Complementary or Alternative Health Care through

SHANTI AYURVEDA

All clients who participate in Ayurvedic health care should be advised of the following information:

1. Ayurveda is the traditional healing system of India, and is based on the idea that each person's path toward optimal health is unique. Your program is based on understanding your unique constitution and the unique nature of your imbalance. Your program may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aromatherapy, massage therapy, and other natural therapeutics. The goal of all programs is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself.
2. Shanti Ayurveda is not a Medical Facility.
3. **Employees of Shanti Ayurveda are not trained in Western diagnosis or treatment and may not make suggestions about altering your medical care**.
4. Marisa Laursen, the principle of Shanti Ayurveda, is a Clinical Ayurvedic Specialist. She is not a Medical Doctor. She is a graduate of the California College of Ayurveda, Grass Valley, CA
5. The National Institute of Health Office of Complementary and Alternative Medicine currently considers Ayurveda a form of complementary and alternative medicine in the United States. In the State of California, Ayurveda is a non-licensed profession. Its practice was formally legalized under the passage of Senate Bill 577 in January 2003. Ayurvedic consultations are considered alternative or complementary to healing arts that are licensed by the State of California.
6. If you are suffering from a disease or symptom that has not been evaluated by a Medical Doctor or another licensed health care professional, we recommend that you receive a proper evaluation and may provide you with a referral form. If you are referred to a Medical Doctor, you will be required to go or sign an acknowledgment that one was recommended to you.
7. No one in association with Shanti Ayurveda may recommend altering your prescriptions without the approval of your medical doctor. Your practitioner may suggest that you speak to your doctor about reducing medication when he/she feels that it is appropriate.
8. While your practitioner may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, your practitioner is evaluating their findings from an Ayurvedic perspective only and not from a Western medical perspective. **This examination does not take the place of a medical evaluation. If, as a result of their examination, any findings suggestive of a possible medical imbalance is found, your practitioner will refer you to a Medical Doctor for further evaluation.**
9. **Services not offered by Shanti Ayurveda:**
    a. **Diagnosis of pathological condition**
    b. **Treatment for pathological conditions**
    c. **Prescription drugs or medicine**
    d. **Advice or counseling regarding the diagnosis or treatment of pathological conditions**

I have read the above information and I hereby give my permission to begin a program of Ayurvedic health care with Shanti Ayurveda. (If under 18, must be signed by a parent or legal guardian).

Client's Signature: _____ Date: _____

Directions

SHANTI AYURVEDA

14726 Ramona Ave., Suite 410-S10
Chino, California 91710
(909) 896-2004

Shanti Ayurveda is located in the four-story office building between Chino Hills Pkwy and Eucalyptus Ave., across from JC Penny, next to Inland Hills Church (the only four-story office building in the area). Our office is on the 4th floor. Please take the elevator to the 4th floor, take a right upon exiting the elevator, and follow the hallway to the right to Suite S10.

Getting There

From Los Angeles:
Take the 10 Freeway east. Merge onto the 60 Freeway east. Merge onto the 71 Freeway south towards Corona. Exit at Chino Hills Parkway. Turn left, go under the freeway, and take a left onto Ramona Ave. Shanti Ayurveda is on the left in the four-story office building next to Inland Hills Church.

From Pasadena:
Take the 210 Freeway east. Merge onto the 57 Freeway south toward Santa Ana. Merge on the 71 Freeway south toward Corona. Exit at Chino Hills Parkway. Turn left, go under the freeway, and take a left onto Ramona Ave. Shanti Ayurveda is on the left in the four-story office building next to Inland Hills Church.

From Orange County:
Take the 57 Freeway north towards Pomona. Merge onto the 60 Freeway east towards Pomona/Riverside. Merge onto the 71 Freeway south towards Corona. Exit at Chino Hills Parkway. Turn left, go under the freeway, and take a left onto Ramona Ave. Shanti Ayurveda is on the left in the four-story office building next to Inland Hills Church.

From the Inland Empire:

Take the 10, 60, 15, 210 and/or 91 Freeway(s) to the 71 Freeway. If heading north on 71, exit at Ramona Ave./142/Chino Hills Parkway. Take a right on Ramona Ave. Shanti Ayurveda is on the left between Chino Hills Parkway and Eucalyptus Ave. (look for the four-story office building next to Inland Hills Church).

You can also visit MAPQUEST or Google maps for additional maps and directions.