



Boulder Ayurveda



Complementary Alternative Health Care

Services Currently Offered By Boulder Ayurveda:

- ***Individual Ayurvedic Consultations:***

Available by appointment. This one-on-one education includes an assessment of the client or student's constitution followed by a discussion of ways to improve the client or student's health and life function.

This could include changes in lifestyle and food choices, use of herbs, exercise programs, learning to manage stress, and meditation.

- ***Herbal Products:***

Boulder Ayurveda has available special herbal formulas and products, including Varadaan's ayurvedic chai masalas. Available at the clinic and at other locations in Boulder, the following can be purchased:

- Saraswati Chai Masala in Black, Green and Red formulations, containing a range of approximately 1/4 to none of the caffeine of ordinary chai, but with remarkable effect!
- Vata, Pitta and Kapha massage oils
- Mahanarayan Oil for aches and rejuvenation
- Triphala, Trikatu, Dashamoola powder mixes
- Customized ayurvedic herbal formulas may be given after the initial consultation process

- ***Public Education:***

A variety of educational programs will be regularly offered by Boulder Ayurveda, which will include lectures, trainings and other education opportunities. If you are interested, please ask to be on our mailing list, and share your specific area of interest.

Topics include:

- *General overview of Ayurvedic Principles*
- *The three doshas in health and imbalance*
- *The Physics of Ayurveda – the 20 guna pairs*
- *Ayurvedic Pulse Analysis*
- *Introduction to Ayurvedic Herbology*
- *Cooking for Doshic Balance*
- *Yoga Psychology – Journey Toward Freedom*

Services Not Offered By Boulder Ayurveda

- Diagnosis of pathological conditions
- Treatment for pathological conditions
- Prescription drugs or medicine
- Advice or counseling regarding the diagnosis or treatment of pathological conditions

Ayurveda ~ for health, longevity and balance



Application For Services

Boulder Ayurveda will provide an educational Ayurvedic consultation in order to:

- Determine my mind-body constitution
- Identify and assess any imbalances that may exist
- Provide information and guidance relevant to helping me nourish, stimulate or balance vital energy
- Develop a plan with me for lifestyle changes that may improve my general health and wellness

I understand that:

Confidentiality is strictly enforced. My file is confidential information, and will be secured within the offices of Boulder Ayurveda, and information contained in my file will not be disclosed for any reason, except:

- Information contained in my client file may be used as a case study in a class, publication, multimedia presentation or educational forum in such a way that I cannot be identified.
- To provide more complete care and service, my information may be discussed with other doctors or practitioners within the professional domain of my case for the explicit purpose of enhancing my health and wellness. To this end my signature below serves as formal authorization and request of release of information from other practitioners and doctors to Boulder Ayurveda.
- The initial consultation is typically 120 minutes in length.

I agree to:

- Study the information provided
- Participate in the development of my health and wellness plan
- Implement my health and wellness plan according to my ability
- Notify my primary care provider, if under their care, of my intention to begin a new health and wellness plan
- Discontinue any or all of the health and wellness plan elements if any discomfort occurs and notify my consultant and primary care provider if any.
- In the case of disputes or claims that cannot be resolved privately between myself and Boulder Ayurveda, LLC or any employee thereof, I agree to submit such dispute or claim to the American Arbitration Association and agree to be bound by their rules and final decision.

Fees:

- Suggested Donation for Initial Consult (approx 120min) is \$108, and for ongoing visits/sessions, as well as “mini-consults” (30-60min) is \$64. Topic-specific sessions, such as astrological readings typically last 60 minutes and suggested donation is \$64. These are suggested minimums. Please contribute according to value received, and if you cannot make the minimum in cash, then let us have a conversation about energy exchange or the need to gift services to you.
- Fees are for the consultation and information only and do not include any other services or products.
- There may be additional charges and fees for any additional services or products.
- Fees are due at the time the services are rendered.
- Missed appointments and cancellation with less than 24 hours notice is subject to a fee of \$35.
- Payment may be made by cash, check, VISA* or MasterCard*.
- Boulder Ayurveda does not accept health insurance.

* Credit card processing is currently available through paypal, but is not a preferred means of payment.

Please let us know if credit card payment will be important for you.

Please return to Boulder Ayurveda the following documents:

1. Health Information and History (2 pages)
2. Application for Services (1 page)

Please keep the cover letter and information brochure for your records.

I have read all the information contained in this packet, answered all questions and have completed the medical information and history.

I understand that this is an educational Ayurvedic consultation for the purpose of helping me to improve my own health and wellness. It does not include medical diagnosis or medical treatment, and is not a substitute for medical care.

It is not an agreement for on-going care.

Date _____

(Client Signature)

Client Name:

Address:

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Health Information and History

Name	Today's Date	Date of Birth
Age	Marital Status	Time of Birth (if known)
Occupation	City & State/Country of Birth	
Home Address	E-Mail	
City	State	Zip/Postal Code
Daytime Phone	Evening Phone	
Referred by	Family Physician	SSN (optional)

Objectives

Please check the items that reflect your main objectives:

- I want to be examined for a medical condition, or a latent or potential medical condition
- I want an alternative approach to allopathic medicine for managing illness and disease
- I want to improve my general health and wellness and reduce my vulnerability to illness and disease
- I want to improve my lifestyle and dietary practices to improve my health
- I want to change my habits and behavioral patterns to improve my relationships with others
- I want to manage stress, tension and worry to attain a more stable emotional nature

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

How would your life be different if you were to achieve these objectives to your satisfaction?

Personal History

Do you or your parents, brothers or sisters have a history of: (check the appropriate ones)

	Myself	Family Member			Myself	Family Member	
	Yes []	Maternal	Paternal		Yes []	Maternal	Paternal
Allergies to Food or Drug	Yes []	Yes []	Yes []	Heart Surgery	Yes []	Yes []	Yes []
Anemia	Yes []	Yes []	Yes []	Hepatitis A	Yes []	Yes []	Yes []
Arthritis	Yes []	Yes []	Yes []	Hepatitis B	Yes []	Yes []	Yes []
Asthma, Pneumonia, TB	Yes []	Yes []	Yes []	Hepatitis Non-A / Non-B	Yes []	Yes []	Yes []
Blood Pressure, High / Low	Yes []	Yes []	Yes []	HIV Exposure	Yes []	Yes []	Yes []
Cancer	Yes []	Yes []	Yes []	Implant, Prosthesis	Yes []	Yes []	Yes []
Chemotherapy / Radiation Treatment	Yes []	Yes []	Yes []	Kidney or Bladder Disease	Yes []	Yes []	Yes []
Chest Pain / Angina	Yes []	Yes []	Yes []	Mononucleosis, Jaundice, Gallstone	Yes []	Yes []	Yes []
Contact Lenses	Yes []	Yes []	Yes []	Pain in the Ear, Ringing in the Ear ...	Yes []	Yes []	Yes []
Dental Treatment Complications	Yes []	Yes []	Yes []	Popping, Clicking, Locking of The Jaw	Yes []	Yes []	Yes []
Diabetes.....	Yes []	Yes []	Yes []	Prolonged Bleeding When Cut	Yes []	Yes []	Yes []
Dizziness	Yes []	Yes []	Yes []	Psychiatric Treatment	Yes []	Yes []	Yes []
Epilepsy, Convulsions, Seizures	Yes []	Yes []	Yes []	Rheumatic Fever	Yes []	Yes []	Yes []
Fainting	Yes []	Yes []	Yes []	Shortness of Breath	Yes []	Yes []	Yes []
Feet or Ankles, Swelling	Yes []	Yes []	Yes []	Stroke / Cerebro Vascular Accident ...	Yes []	Yes []	Yes []
Glaucoma, Eye Surgery	Yes []	Yes []	Yes []	Thyroid Disease or Medication	Yes []	Yes []	Yes []
Heart Attack	Yes []	Yes []	Yes []	Ulcers, Intestinal Bleeding	Yes []	Yes []	Yes []
Heart Disease / Heart Murmur	Yes []	Yes []	Yes []	Venereal Diseases	Yes []	Yes []	Yes []

History of Any Other Disease Or Problems? (Please list any other illnesses, surgeries, diseases, injuries, trauma, emotional stresses, mental stresses, life-style conditions, addictions, alcohol, drug abuse, changes of weight, or anything else to help us clearly understand your health condition)

Family history: Any other family illnesses?

Concerns: Please tell us what your concerns are. How long have they troubled you?

Please describe any other conditions that are currently bothering you, such as: Aches, pains, degenerative illnesses, symptoms, stress, fatigue, energy levels, mental clarity, concentration, vision, fever, hot flashes, chills, sleep habits, nervousness, or other conditions that you can think of.

Are you under a physician's care now? Why?

Last physical examination (date)? Height Weight

What prescription drugs or medications are you currently taking?

What surgeries have you had? When?

What non-prescription drugs, medications, substances or recreational drugs are you taking?

[] in the past 3 months? [] 6 months? [] 1 year?

If Female, Are You Pregnant? Yes No Number Of Months Taking Birth Control Pills? Yes No Last Menstrual Period

Do you currently engage in any exercise or physical activity? If so, what type?

Have you ever done Yoga postures before? If so, what type, how often, etc.

Other Comments:
