



Personal Information

We respectfully ask that you complete this form prior to arriving for your scheduled appointment time.

Patient Name: _____ Date of Birth: ____/____/____
First Name Last Name DD MM YYYY

Home Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: (____) _____

Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact's Phone #: (____) _____

Family Doctor: _____ Specialists: _____

Medical Information

Allergies, if known (medical, environmental): _____

Past serious conditions, illnesses or injuries & dates: _____

Do you have a history of other medical conditions?: _____

Do you currently have any sort of acute illness, such as fever, chills or the flu: Y / N / Other: _____

The Abhyanga or Ayurvedic Massage is contraindicated when one is pregnant.

Are you currently pregnant: Y / N (if applicable)

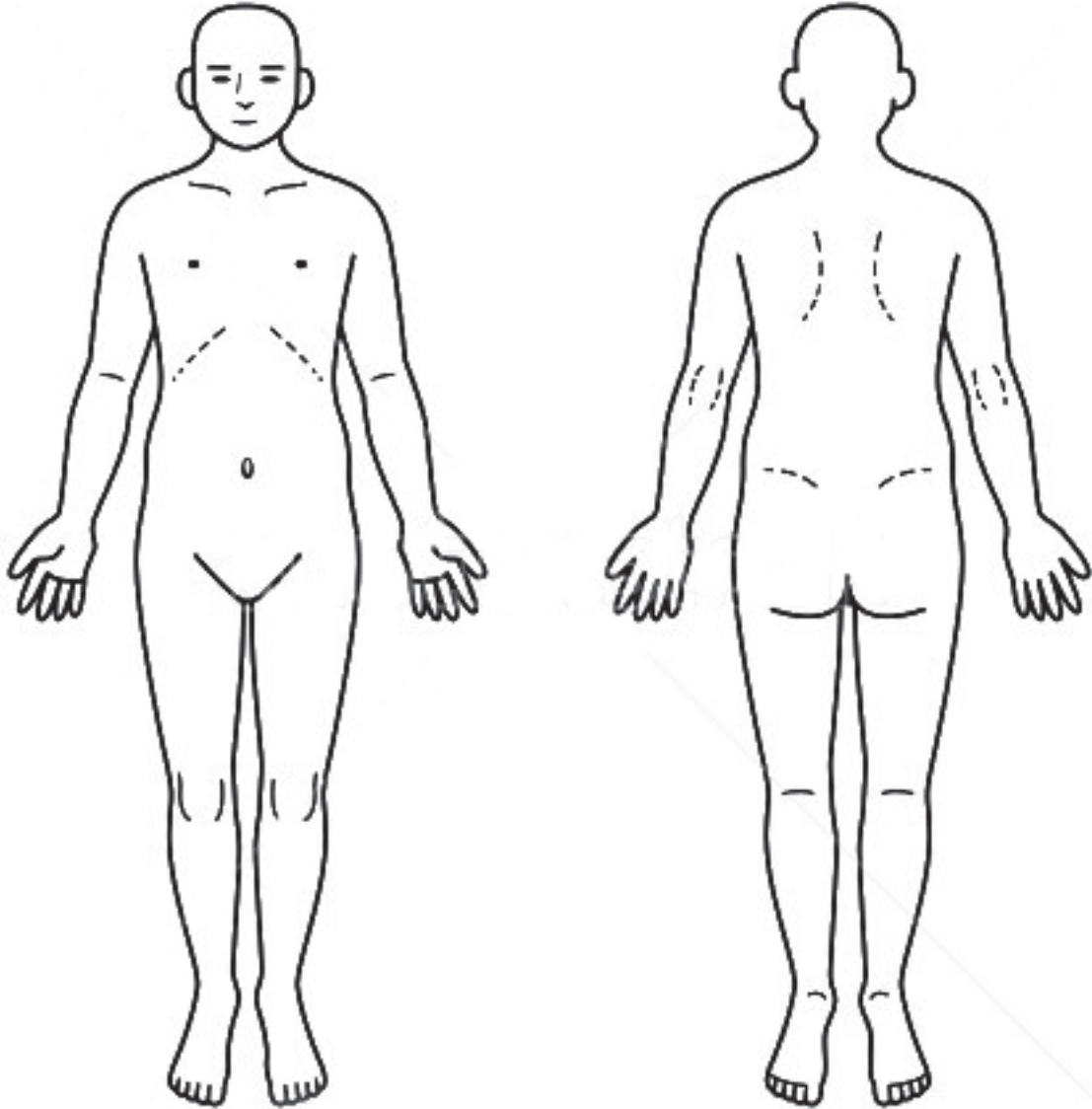
If you have further information regarding your health, please take a moment to describe below:



Medical Information Continued...

Please mark any swollen or painful areas, or areas where you may have cuts or bruising that should be avoided, you may also mark the area and use the scale below to describe pain and dysfunction:

Least 1 2 3 4 5 6 7 8 9 10 Worst



Overall, what is your current level of pain and dysfunction please circle a number on the scale below:

Least 1 2 3 4 5 6 7 8 9 10 Worst



Body Type

Through the lens of Ayurveda, the world is seen to consist of the qualities of the five elements: fire, earth, air, water and ether. It is through this understanding that they then break down the constitution of the individual into a balance of the three doshas, or bio-elements. Vata, which consists of air and ether, Pitta, consisting of fire and water and finally, Kapha consisting of water and earth.

The type of oil and essential oils chosen for the massage will be determined based on the results of this form. Circle the description that best describes your current state. If two or more apply, circle both, or all three. If none apply, leave the section blank. Total the number circled from each column in the space provided below.

If you have any questions, feel free to email me at kyrie.axford@vianatural.ca

Mind Profile

	Winter/Vata	Summer/Pitta	Spring/Kapha
Mental Activity	Quick mind, restless	Sharp intellect	Calm, steady, stable
Memory	Short-term based	Good general memory	Long-term is best
Thoughts	Constantly Changing	Fairly steady	Steady, stable, fixed
Concentration	Short-term focus is best	Better than average mental concentration	Good ability for long-term focus
Ability to Learn	Quick grasp of learning	Medium to moderate grasp	Slow to learn new things
Dreams	Fearful, flying, running, active	Fiery, adventurous, violent	Gentle, with water or clouds
Sleep	Interrupted, light	Sound, medium	Sound, heavy, long
Speech Pattern	Fast, may miss some words	Focused, sharp	Slow, clear, sweet
Voice	High pitch	Medium	Low
Mind Subtotal			



Behavioural Profile

	Winter/Vata	Summer/Pitta	Spring/Kapha
Eating Speed	Quick	Medium	Slow
Hunger Level	Irregular	Sharp, needs to eat when hungry	Can be okay with missing a meal
Achieving Goals	Easily distracted	Focused and driven	Slow and steady
Relationship Tendencies	Many casual	Intense	Long and deep
Works Best	While supervised	Alone	In groups
Weather Preference	Aversion to cold	Aversion to heat	Aversion to damp and cool
Reaction to Stress	Excites quickly	Medium	Slow to get excited
Competition	Doesn't like competitive pressure	Driven Competitor	Deals easily with competitive pressure
Behavioural Subtotal			

Physical Profile

	Winter/Vata	Summer/Pitta	Spring/Kapha
Thickness of Hair	Average	Thinning	Thick
Hair Type	Dry	Normal	Oily
Skin	Dry or rough	Soft, normal, oily	Oily, moist, cool
Skin Temperature	Cold hands and feet	Warm	Cool
Complexion	Darker	Pink/red	Pale/white
Size of Eyes	Small	Medium	Large
Weight	Thin, hard to gain	Medium	Heavy, gains easily
Elimination	Dry, hard, thin, easily constipated	Many during day, soft to normal	Heavy, slow and thick
Veins and Tendons	Very prominent	Fairly Prominent	Well covered
Body Frame	Small	Medium	Large
Behavioural Subtotal			



Via Natural Medicine

554-A Des Meurons St. Winnipeg, MB Canada R2H 0P8

Phone: 204.615.5225 | Fax 204.615.5201

email: welcome@vianatural.ca | www.vianatural.ca

NEW PATIENT INTAKE FORM - ADULT

Kyrie Axford

Body Type Totals

	Winter/Vata	Summer/Pitta	Spring/Kapha
Mental			
Behavioural			
Physical			
TOTALS			

Notes

Thank you for taking the time to complete this intake form. We look forward to working with you to optimize your health and well being.



1. I understand that Kyrie Axford, Ayurvedic Massage and Body Therapist is not a Manitoba Registered Massage Therapist though is in compliance with The California College of Ayurveda.
2. I understand that any advice given to me as a patient at Via Natural Medicine is not mutually exclusive from any treatment or advice I may now, or in the future, be receiving from another health care provider.
3. I understand that I am at liberty to seek, or to continue medical care from another qualified health care provider.
4. I understand that the Ayurvedic Massage and Body Therapist reserves the right to determine which cases fall outside of their scope of practice, and an appropriate referral will be recommended.
5. I understand that I am accepting or rejecting this care by my own free will.
6. I understand that no employee or physician at Via Natural Medicine is suggesting to me to refrain from seeking the advice of another health care provider.
7. I understand that the services offered here are not covered by Manitoba Health, and that fees are payable at the time of appointment, including fees for services, prescriptions, and laboratory tests.
8. I understand that 24 hours notice is required for appointment cancellation, otherwise I will be responsible for the payment of a cancellation fee.
9. I understand that any therapies recommended will be explained to me in full by the therapist, and that I will give consent to treatment based on informed consent.

I, _____ have read, understood and agree to the above statements
First Name Last Name

Signature: _____ Today's Date: ____/____/____
DD MM YYYY

Informed Consent for Communication

We value our relationship with you and would like to send you information electronically relating to Via Natural Medicine. In order to do this, we are collecting your consent to receive electronic messages from us in the form of **appointment reminders**, newsletters, upcoming events and other clinic information. Please take a moment to select either "OPT IN" or "OPT OUT". Opting in will provide Via Natural Medicine consent to communicate with you electronically. Opting out will indicate that you do not wish to receive any electronic communication from us.

Opt IN: Opt OUT:

Signature: _____ Today's Date: ____/____/____
DD MM YYYY