THE AYUR CHIKITSA

Authentic Ayurveda. Personalised. Sustainable.

Wellness for Body • Mind • Spirit

New Client Health Questionnaire & Consent Form

Please complete before your first consultation or therapy. Everything you share is treated confidentially.

> *This form can be completed on screen, saved and emailed to contactus@theayurchikitsa.com, or printed and brought with you. Your answers help us provide a safe, appropriate and personalised treatment.*

Prefer to fill this in online? Complete the form at theayurchikitsa.com

Your details

Full name

Date of birth

Preferred name / pronouns

Email address

Telephone

Home address

Preferred method of contact

GP surgery (optional)

Emergency contact

Name

Relationship to you

Telephone

Your appointment

Service or therapy booked

Appointment date

Time

What brings you to us? Please describe your main concerns or goals.

General health

Please tick anything that currently applies to you, or has applied in the past.

www.theayurchikitsa.com | contactus@theayurchikitsa.com | +44 (0)7377 732335

Thank you for allowing us to support your journey towards balance, health and holistic wellbeing.

- [ ] High blood pressure
- [ ] Low blood pressure
- [ ] Heart condition
- [ ] Circulatory problems
- [ ] Diabetes
- [ ] Thyroid condition
- [ ] Epilepsy
- [ ] Asthma / respiratory
- [ ] Digestive condition
- [ ] Kidney or liver condition
- [ ] Arthritis / joint problems
- [ ] Osteoporosis
- [ ] Varicose veins
- [ ] Skin condition
- [ ] Recent infection
- [ ] Cancer, past or present
- [ ] Neurological condition
- [ ] Autoimmune condition
- [ ] Anxiety, depression, stress
- [ ] Sleep difficulties
- [ ] None of the above

Please give details of anything ticked above

Medication, allergies and sensitivities

Prescribed medication, supplements and herbal remedies you are taking

Ayurvedic therapies use herbal oils and plant-derived ingredients, which may include sesame oil, coconut oil and other seed, nut, herbal or botanical ingredients. Please tell us about every known allergy. An allergen-free environment cannot be guaranteed, and a patch test may be recommended.

- [ ] Nut allergy
- [ ] Seed allergy
- [ ] Sesame allergy
- [ ] Coconut allergy
- [ ] Fragrance sensitivity
- [ ] Skin sensitivity
- [ ] Plant or pollen allergy
- [ ] Reaction to massage oil
- [ ] Latex allergy

Allergy details, including severity and any previous reactions

Important safety questions

Are you pregnant, trying to conceive, or breastfeeding? [ ] Yes [ ] No

Have you had surgery, a fracture or a significant injury in the last 12 months? ☐ Yes ☐ No

Are you currently under the care of a doctor, consultant or therapist? ☐ Yes ☐ No

Do you have any current infection, fever, open wound or contagious skin condition? ☐ Yes ☐ No

Have you ever had an adverse reaction to massage or bodywork? ☐ Yes ☐ No

Lifestyle and wellbeing

Typical sleep pattern

Energy levels

Current stress levels

Digestion and appetite

Usual diet

Exercise and activity

Anything else you would like us to know

Client declaration and informed consent

Please read each statement and tick to confirm your understanding and agreement.

- ☐ I confirm that the health and personal information I have provided is accurate and complete to the best of my knowledge. I agree to inform the practitioner of relevant changes before future appointments.
- ☐ I understand that The Ayur Chikitsa provides complementary wellbeing services based on traditional Ayurvedic principles, and does not provide medical diagnosis, medical treatment or emergency care.
- ☐ I understand that Ayurvedic consultations, massage therapies, lifestyle guidance, meditation, Reiki and related wellbeing practices do not replace advice or treatment from my GP, consultant, pharmacist, mental-health professional or another regulated healthcare professional.
- ☐ I will not stop or change prescribed medication without consulting the qualified healthcare professional responsible for my care.
- ☐ I have disclosed relevant medical conditions, medication, allergies, sensitivities, pregnancy, recent surgery and injuries.

- [ ] I understand that the practitioner may modify, postpone or decline a service where there is a reasonable safety concern, or where the requested service falls outside their professional scope.
- [ ] I understand that I may ask questions, request adjustments, decline any part of a treatment, or withdraw my consent at any time.
- [ ] I consent to receiving the consultation or therapy agreed with the practitioner.

Use of your information

We need your explicit consent to use health information. This is separate from marketing, and you are free to agree to one and not the other. You may withdraw either consent at any time by emailing us.

- [ ] I consent to The Ayur Chikitsa collecting and using the health information in this form in order to assess suitability and deliver a safe, personalised consultation or therapy. (Required)
- [ ] I would like to receive occasional wellbeing updates and offers by email. (Optional — you can unsubscribe at any time.)

How we handle your information is set out in full in our Privacy Policy at theayurchikitsa.com/privacy-policy. Consultation and treatment records are normally retained for three years after your last appointment.

Signatures

Client

Full name (please print)	Signature	Date

If the client is under 18, this form must also be signed by a parent or legal guardian.

Parent or legal guardian (if applicable)

Full name (please print)	Signature	Date

Practitioner

Full name (please print)	Signature	Date