



-Kayse Budd, MD-
Ayurvedic Lifestyle Consultation Form
www.kaysebudd.com



Name: _____ Date of birth: _____

Date of first session: _____

Address: _____

City, State, Zip: _____

Place of birth: _____

Phone number: home: _____ cell: _____

Email: _____

Current work situation (what is it and how do you feel about it): _____

Current social or family situation (student, single, married, kids, etc.): _____

What do you LOVE about your life right now? _____

What would you like to transform?: _____

What are your specific goals for this consultation? : _____

What is your height? Weight? Are you where you want to be? _____

Any health issues (mental or physical)?: _____

Any notable health issues from your past? Circle any that apply and list any others: acne, allergies, anxiety, arthritis, asthma, brain fog, chronic fatigue, chronic pain, depression, digestive issues, eczema, hormone issues, cancer, eating disorder, headaches, heart disease, hypertension, immune/infectious disorders (EBV, herpes, Lyme, yeast, etc.), inflammation, irritable bowel, kidney problems, menopause, perimenopause, pms, prostate issues, and anything else: _____

Previous surgeries (including dates)?: _____

Name of primary doctor: _____

What medications are you taking (with doses)?: _____

What supplements are you taking (with doses)?: _____

Personal strengths? _____

Personal challenges? _____

Do you feel out of balance either mind and body right now? Ungrounded? Irritated? Sluggish? Trouble sleeping, low energy, rashes, poor digestion, etc. If yes, can you describe: _____

Any issues with substances to explore (alcohol, sugar, caffeine, marijuana, tobacco, etc.)? Describe typical use: _____

What is your current health and wellness routine? _____

What is and isn't working about it?: _____

Describe your diet in detail (Provide a typical sample daily diet. Include the best and worst and frequency of each): _____

Describe your spirituality and/or mind-body practices (yoga, meditation, gardening, art, etc) : _____

Any med/supplement allergies?: _____

In case of emergency contact: _____

Notes (Anything else I should know?):

Thank you for taking this
journey....

