

Ayurvedic Protocols for: \_\_\_\_\_

Client's Name

Date

**Cleansing Protocol:**

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**Daily Routine:**

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**Diet:**

Avoid these foods:	
Favor these foods:	

**Therapies:**

Yoga Therapy:	
Mantra Therapy:	
Crystal Therapy:	
Sound Therapy:	
Marma Therapy:	
Aroma Therapy:	
Pranayama:	
Meditation:	
Other:	

**Herbal Protocol:**

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