

# Rugnapatrikam

## PRASHANA (QUESTIONING):

Name:

Date:

Email:

Phone number:

Date of birth:

Age:

Place of birth:

Other places lived:

Home address:

Occupation:

Marital status:

Primary concerns (OPPPQRST):

Minor concerns (pre 4 th stage samprapti):



Previous Health History:

Medical Practitioners currently under the care of:

Medications/supplements currently taking (reason, dosage, when):

Family medical history (paternal & maternal):



**Females:**

Age of first menstrual period:

Birth control pills:    Y        N

Pregnant:        Y        N

Number or months:

Menopause:    Y        N

Cycles:            Regular        Irregular

Cycle frequency:

Length of cycle:

Last menstrual period:

Flow:    Heavy            Moderate            Light

Color of blood:

Clots:    Y        N

Pain/symptoms during period:

Pain/symptoms before period (PMS):

**Female/male reproductive (libido, etc):**

**Daily routines (type, frequency, timing):**

Exercise/recreational activity:

Relaxational activity:



Sleep schedule:

Work/school schedule:

Spiritual practices (yoga, meditation, etc.):

**Mental Emotional Health:**

Stressors in life (current & past):

Quality of relationships (romantic, friendship, support systems, etc.):

Emotional patterns:

Dhi, Dhrti, Smrti:



**Meals, indicate time(s) of day and food choice:**

Diet: Vegetarian    Non-vegetarian    Other

Breakfast:

Lunch:

Dinner:

Beverages & snacks:

Daily water intake:

Substance habits (smoking, alcohol, caffeine, etc.):

**Agni (digestion):**

Energy after eating:

Appetite:

Digestive symptoms:

**Elimination (sama/nirama):**

Bowel movements (timing, frequency, consistency, odor, etc.):

Urination (frequency, color, consistency, odor, etc.):



Sweat (color, odor, ease of, etc.):

Respiration (rate, ease, congestion):

**Five sense assessment:**

Hearing:

Touch:

Vision:

Taste:

Smell:

**DARSHANA (OBSERVATION):**

Height:

Posture:

Weight:

Fluctuations: Y      N

**Face:**

Complexion:

Lines:

Eyes:

Ears:

**Tongue:**

Shape:

Color:

Coating:

Gunas:      Moist      Dry

Lines:

Other:



**Nails:**

Shape:

Moisture:

Cuticles:

Markings:

Moons:

Other:

**Voice:**

**SPARSHANA (PALPITATION):**

**Pulse:**

Rate:

Qualities:

Prakruti:

Vikruti:

Other:

**Marma:**

Sensitivity:

Other:

**Joints & muscles:**

**Abdomen:**

**Other:**

