SREYAS HEALTH

MEDICAL QUESTIONNAIRE

Name	:	
Country	:	
Gender	:	Male / Female
Age	:	
Maritual Status	:	Married/ unmarried
No of Children	:	
Height	:	
Weight	:	
Body type	:	Slim& Thin / Average & medium built / Stout or Heavy
	:	

PRESENT COMPLAINTS

List of present complaints with duration of each

SNo	DESCRIPTION	DURATION

Full History of present complaints:

Details of investigations done so far : X-ray/Blood tests/ scanning Etc:
(Just mention what has been done)

Current Medication: Medicines you are taking now:

Allergies: Are you allergic to any sun/ any food/fruits/:	

Past Medical History :

DISEASES	yes	no
HYPER TENSION		
DIABETES		
FILERIA		
JAUNDICE		
PILES		
FISTULA		
ULCER		
ANEAMIC		
OTHERS		

Can you do normal activities?	Yes/No.
Is there any severe pain or any severe condition which needs immediate relief?	Yes/No.
If there is serious pain and taking any medicines to manage it? Please give details.	

Digestion/ Appetite	Good / OK / Bad
Sleep:	Good / Disturbed / Bad
bowels (Toilet)	Once daily / few times / not daily
Stools	Normal / dry / watery / mixed
Urination	Good / OK / Limited

Menstruation(Periods)	regular / Irregular (Pls omit if not applicable)
Blood flow in menstruation	Normal /scanty /excess (Pls omit if not applicable)
Stress :	Has lot of stress / slight / feel no stress.
Depression	Yes/ No
Diet (Also specify generally what you eat?)	Breakfast – light/ medium /Heavy
Lunch.	Light/ medium/ Heavy
Dinner	Light/ medium/ Heavy.
Vegetarian	No/ occasionally / often / regularly.
Red meat consumption	No/ occasionally / often / regularly.

Preventive Health Care:

Weight reduction:	Needed / not needed
Cosmetic care:	Needed / not needed
Yoga classes	Needed / not needed

PDF SOURCE: www.ayurvedakerala.com/medical_questionnaire.pdf