THE AYURVEDIC INSTITUTE'S CENTER
FOR HEALING, LIFE AND LONGEVITY

Ayurvedic Consultation Intake Packet

Welcome and thank you for choosing to visit the Ayurvedic Institute's Center for Healing, Life and Longevity!

Here you will find practitioners who care deeply about your well-being. According to Vasant Lad, each person is a living book; that is, the pages of each individual's life tell a beautiful and powerful story. Although others may experience similar situations, the ways that they are manifesting in you are related to your own unique psycho-physiological constitution. With this in mind, we look forward to listening to your concerns and goals so that we may create a plan for improved health together.

Please complete the attached Patient Information Document and Health Information History forms. All areas indicated on the patient information document must be initialed, as your file follows you within our clinic. You may keep this cover letter and General Information pages for your records.

Intake forms should be returned to the clinic at least 48 hours before your scheduled appointment. We also have a 48 hour cancellation policy; if you need to cancel your appointment we kindly ask for 48 hours notice. If you do not arrive for your scheduled appointment or cancel less than 48 hour prior to your scheduled appointment time, you will be billed the full cost of the appointment.

If you have any questions, please know that you are welcome to contact us by phone or by email at any time. Additionally, there is information about The Ayurvedic Institute's services and resources online at www.ayurveda.com.

We look forward to being a part of your health and wellness journey!

The Ayurvedic Institute's Center for Healing, Life, and Longevity

11401 Menaul Blvd NE, Albuquerque, NM 87112
Phone: 1 (505) 291-9698 x131
Fax Number: 1 (505) 294-7572
Email: clinic@ayurveda.com

FOR THOSE WHO ARE COMPLETING THIS FORM DIGITALLY:

If you are completing this form digitally, please "save as" to your computer first, then open the saved version to complete your paperwork. Additionally, please fill out the Health Information forms in full BEFORE signing the Patient Information Document. Digital signing of the document should be your last step, as once it is signed digitally you may be unable to edit further. After you have fully completed and signed your paperwork, please save and send it to clinic@ayurveda.com.

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Patient Information Document

General Information

The Ayurvedic Institute | 11311 Menaul Blvd NE, Albuquerque NM 87112 | Phone: 1(505)291-9698

The Ayurvedic Institute is a non-profit 501(c)(3) educational organization that teaches the principles and practices of Ayurveda.

Ayurveda is currently considered a form of complimentary and alternative medicine in the United States. It is not licensed by the state of New Mexico as a medical discipline or practice. All services and treatments provided are complementary or alternative to health care services provided by health care practitioners currently licensed by the state of New Mexico. Ayurveda is complementary to and supportive of traditional western medicine as practiced in the United States and does not replace medical diagnosis and treatment.

You have the right to complete and current information concerning the complementary and alternative health care practitioner's assessment and recommended complimentary and alternative health care services that are to be provided prior to commencement of service(s) for each appointment including: the expected duration of the complementary and alternative health care services to be provided.

The Nature and Expected Results of an Ayurvedic Consultation provided by the Ayurvedic Institute:

Ayurveda is an ancient system of health that focuses on the complete person which includes the body, mind and spirit. Ayurveda defines wellness not as "the absence of disease", but when all body tissues, organs, systems, and functions are acting together in a balanced way and are able to maintain health and wellness in spite of potential illness causing influences. People are more vulnerable to disease when vital energies of the mind, body, and spirit are out of balance. Ayurveda believes that by balancing the various mind-body functions, the natural intelligence of the body will automatically bring itself to wellness over time.

Ayurveda recognizes that each person has a unique mind-body constitution. The Ayurvedic consultation process identifies the various components of an individual's mind-body constitution, determines where any imbalances may exist, and provides education, guidance, and options for helping the individual to nourish, stimulate, and balance vital energy to bring about their own improvements in health and wellness. It is an individual's correct implementation of the right Ayurvedic practices that bring about improved health and wellness.

Your Consultation:

The Ayurvedic Institute works with you through a collaborative process to develop an understanding between you and the Ayurvedic Institute regarding:

- What the Ayurvedic Institute can and cannot do to contribute toward the achievement of your health and wellness objectives
- What you, the patient, are willing and able to do to contribute toward the achievement of your health and wellness objectives
- How we can cooperate together to assist you in activating your plan to achieve your health and wellness objectives

An Ayurvedic Consultation typically consists of three general steps:

1. Assessment – This includes a determination of your basic Ayurvedic constitution and your current condition and imbalances, a discussion of your concerns and reason for your visit, and jointly exploring your health history and past treatment results.
2. Findings – The practitioner will analyze the assessment results and compile information to be reviewed with you to be used in a collaborative process to plan your health improvement program.
3. Recommendations – The practitioner will offer recommendations based on your health concerns and goals, your current condition, and what the practitioner thinks is best for you. This is tailored to your unique needs with the intention of assisting you to shift from your current state of imbalance toward your optimum balance. This may include information and instruction on diet and eating habits, lifestyle, yoga, exercise, meditation, breathing practices, and other health improvement practices, as appropriate. Then together, you and the practitioner will establish a workable program you can implement to achieve your short-term and long-term health improvement goals.

Services Not Offered or Available:

The Ayurvedic Institute and its practitioners will not: perform surgery on an individual, set fractures on an individual, administer x-ray radiation to an individual, prescribe or dispense dangerous drugs or controlled substances to an individual, directly manipulate the joints or spine of an individual, physically invade the body except for the use of non-prescription topical creams, oils, salves, ointments, tinctures or any other preparations that may penetrate the skin without causing harm, make a recommendation to discontinue current medical treatment prescribed by a licensed health care practitioner, make a specific conventional medical diagnosis, have sexual contact with a current patient or former patient within one year of rendering service, falsely advertise or provide false information in documents described in this document, illegally use dangerous drugs or controlled substances, reveal confidential information of a patient without the patient's written consent, engage in fee splitting or kickbacks for referrals, refer to the practitioner's self as a licensed doctor or physician or other occupational title pursuant to Chapter 61 NMSA 1978; or perform massage therapy on an individual pursuant to the New Mexico Massage Therapy Practice Act.

Patient Information Document

General Information (continued)

Notice Regarding Patient Records:

- You have the right to access your own patient records and the written information therein.
- Patient records and transactions are confidential unless the release of these records is authorized in writing by the patient or as required by law.
- You have the right to a coordinated transfer when there is a change in the provider of the complementary and alternative health care services.

Complaints:

A patient may file a complaint against any complementary and alternative health care practitioner with the New Mexico Department of Regulation and Licensing:

New Mexico Regulation and Licensing Department
ATTN: Superintendent's Office
Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, New Mexico 87505
Phone: (505) 476-4500, Fax: (505) 476-4511

Clinic Fees

In order to keep our clinic as accessible as possible, we offer two types of consultations, each on a sliding scale. Patients have the opportunity to choose within the scale for the appropriate consultation type how much they wish to pay for the appointment. Payment is due in full at the time of the services rendered. Payment may be made by cash, check, VISA, or MasterCard. The Ayurvedic Institute does not accept health insurance. The stated fee is for the specified services only and does not include any other services or products. There may be additional charges and fees for any additional services or products. Patients have the right to reasonable notice of changes in services and/or chargers for services.

Cancellation Policy

The Ayurvedic Center for Healing, Life and Longevity has a 48 hour cancellation policy. If a patient must cancel an appointment, they are required to do so at least 48 hour prior to the scheduled appointment time. Any cancellations not received at least 48 hours prior to the scheduled appointment, as well as any patient who does not arrive for their scheduled appointment, will be charged the full clinic fee associated.

Supervisor/practitioner Credentials

Ayurvedic Practitioners (AP) at The Ayurvedic Institute are complementary and alternative healthcare providers and are not licensed by the State of New Mexico. Please refer to the attached Practitioner Information Sheet.

Practitioner Information Sheet	Qualifying Education and Experience
Vasant Lad, BAM&S, M.A.Sc.	Vasant Lad is the founder of the Ayurvedic Institute. He has a degree in Ayurvedic Medicine and Surgery (BAM&S), a Master's of Science in Ayurveda, and has been conducting Ayurvedic Consultations since 1972.
Pranav Lad, MD, ND	Pranav is not a licensed medical doctor in the state of New Mexico, nor is he practicing in that capacity in New Mexico.
Sandra Aumiller, AP	Ayurvedic Practitioners have completed a minimum of 1160 hours of Ayurvedic Studies in the Ayurvedic Institute's Level 1 and Level 2 Programs (or equivalent). Ayurvedic Practitioners have a minimum of 100 hours experience working directly with patients, and are current faculty members of the Ayurvedic Studies Programs here at the Ayurvedic Institute. Collectively, these practitioners and supervisors have over 40 years experience working directly with patients.
Umā Jolicoeur, AP	
Shannon Kelly, AP	
Mitesh Raichada, AP	
Sneha Raichada, MPT, E-RYT 200, AP	
David Yoss, AP	

Patient Information Document

Application For Services

☐ New ☐ Returning

Returning Patients only: *If you have completed the Health History packet in the last year and there have been no changes to the information provided:*

_____ ***(Initial)*** *I certify that there have been* ***no changes*** *to the Health Information and History forms I have previously completed*

Consultation Services Offered to me by the Ayurvedic Institute:

- Determine my mind-body constitution to identify and assess any imbalances that may exist
- Provide information and guidance relevant to helping me nourish, stimulate or balance vital energy
- Develop a plan with me for lifestyle changes that may improve my general health and wellness

Please initial in agreement to the following: Please initial ALL lines below to indicated you that you have read, understand, and agree.

_____ **Patient Information Document:** I have read all information contained in this packet and have been provided with a copy of the Patient Information Document, the originals of which will be kept by The Ayurvedic Institute for at least three years.

_____ **48 Hour Cancellation Policy:** If I need to cancel an appointment and do not cancel more than 48 hours before the scheduled appointment time, I understand that I will be charged full price for the appointment.

_____ **Timeliness:** I commit to attending the scheduled appointment(s) on time. If I do not arrive for my scheduled appointment, I understand that I will be charged full price for the appointment.

_____ **Teaching Facility:** The Ayurvedic Institute is principally a teaching facility. Consultations will be conducted in a private setting, under supervision of a Clinical Supervisor (within the Student Clinics), and additional student observers may be present.

_____ **Consultation Costs:** Supervised ASP 2 Student Clinic Fee Sliding Scale $30 - $50 (Consultations are approx. 75 minutes)
Senior Practitioner Clinic Fee Sliding Scale $70 - $95 (Consultations are approx. 60 minutes)

Your signature below indicates that you have read, understand, and agree to the following:

- I will study the information provided and participate in the design of the health and wellness plan
- I will implement my health and wellness plan according to my ability
- I will notify my primary care provider, if under care, of my intention to begin this health and wellness plan
- I will discontinue any or all of the health and wellness plan elements if any discomfort occurs, and notify the Ayurvedic Institute at 1(505)291-9698, and my primary care provider, if any.
- In the case of disputes or claims that cannot be resolved privately between myself and the Ayurvedic Institute or any employee or student thereof, I agree to submit such dispute or claim to the American Arbitration Association and agree to be bound by their rules and final decision.
- I understand that this is an educational Ayurvedic Consultation and this consultation does not include medical diagnosis or medical treatment, is not a substitute for medical care, and is not an agreement for on-going care.
- I understand that my patient file and health information may be used as part of the education within the classroom, originals of which will be kept by The Ayurvedic Institute for at least three years.
- I understand that The Ayurvedic Institute is not responsible for any herbal contraindications, and I acknowledge that I am solely responsible for discussing any herbal recommendations I receive with my healthcare provider.

I hereby acknowledge and authorize that the information I provide in this consultation and subsequent information accumulated in my health information files may be used in whole or in part as a case study by the instructors of the Ayurvedic Institute for educational purposes. My personal identification will be carefully protected from disclosure.

I hereby apply for services from the Ayurvedic Institute and agree to participate in the development of my health and wellness plan and authorize The Ayurvedic Institute and its practitioners to perform any of the above defined services. By signing, I acknowledge that I understand and agree to all the terms and conditions detailed in the Patient Information Document.

Name (printed) _____ Date _____

Signature of Patient/Guardian (or third party, as appropriate) _____

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Health Information and History

CONTACT INFORMATION:

Name: _____ Date: _____

Home Address: _____

City: _____ State/Region: _____ Postal Code/Zip:_____

Mobile Phone: _____ Home Phone: _____ Email: _____

PERSONAL INFORMATION:

DOB: (MM/DD/YYYY) _____ Time of Birth (include AM/PM): _____

Place of Birth: City: _____ State/Region: _____ Country:_____

Age: _____ Gender: _____ Occupation:_____

Marital Status: _____ Children & Ages: _____

Referred by: _____ Family Physician: _____

Primary Care Provider Name & Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip:_____

A) Are you currently under a physician's care for a specific medical problem? If yes, for what and for how long?

_____

_____

_____

CONCERNS: Please tell us your present concerns and/or conditions. How long have they troubled you?

_____

_____

_____

B) What would you like to achieve or change in terms of your health and wellness?

_____

_____

_____

History of Smoking: (what, how often, how much, how many years) _____

Drinking Alcohol: (what, how often, how much, how many years) _____

Recreational/Non-prescription Drugs: (what, how often, how much, how many years) _____

What surgeries have you had? (Include dates) _____

Last physical examination: Date: _____ Blood Pressure: _____ Cholesterol: _____

Height: _____ Weight: _____ Weight Changes? _____

What known allergies do you have? _____

What prescription drugs or medications are you currently taking or have taken within the last 6 months?

Prescription:	Reason	Duration taken	Current dosage	Quantity per	Frequency per day	Before/after/during or between meals

Herbal/ vitamin supplements	Reason	Duration taken	Current dosage	Quantity per	Frequency per day	Before/after/during or between meals

Attach additional sheet(s) if necessary

OBJECTIVES:

Please note that **Ayurvedic Consultations do not include medical diagnosis and treatments**. If you are concerned about a medical condition or a latent or potential medical condition you should see a medical doctor.

Please check the items that reflect your main objectives:

☐ 1. I would like an alternative approach to allopathic medicine for managing illness and disease.

☐ 2. I would like to improve my general health and wellness and reduce my vulnerability to illness and disease.

☐ 3. I would like to improve my lifestyle and dietary practices to improve my health.

☐ 4. I would like to change my habits and behavioral patterns to improve my relationships with others.

☐ 5. I would like to manage stress, tension, and worry to attain a more stable emotional nature.

How would your life be different if you were to achieve these objectives to your satisfaction?

_____

_____

_____

C) PERSONAL HISTORY: Do you or your family members have a history of the following? (Please check boxes all that apply)

	Myself	*Maternal*	*Paternal*		Myself	*Maternal*	*Paternal*
Allergies to Food	☐	☐	☐	Stroke	☐	☐	☐
Allergies to Drugs	☐	☐	☐	Cerebrovascular Accident	☐	☐	☐
Dental Treatment Complications	☐	☐	☐	Cancer	☐	☐	☐
Bleeding Gums	☐	☐	☐	Chemotherapy	☐	☐	☐
Contact Lenses	☐	☐	☐	Radiation Treatment	☐	☐	☐
Glaucoma	☐	☐	☐	Hepatitis A	☐	☐	☐
Eye Surgery	☐	☐	☐	Hepatitis B	☐	☐	☐
Pain in the Ear	☐	☐	☐	Hepatitis Non-A / Non-B	☐	☐	☐
Ringing in the Ear	☐	☐	☐	Mononucleosis	☐	☐	☐
Shortness of Breath	☐	☐	☐	Jaundice	☐	☐	☐
Asthma	☐	☐	☐	Anemia	☐	☐	☐
Pneumonia	☐	☐	☐	Gallstone	☐	☐	☐
TB	☐	☐	☐	Kidney Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐	Kidney Stones	☐	☐	☐
Low Blood Pressure	☐	☐	☐	Bladder Disease	☐	☐	☐
Dizziness	☐	☐	☐	Thyroid Condition	☐	☐	☐
Fainting	☐	☐	☐	Thyroid Medication	☐	☐	☐
Seizures	☐	☐	☐	Ulcers	☐	☐	☐
Convulsions	☐	☐	☐	Intestinal Bleeding	☐	☐	☐
Epilepsy	☐	☐	☐	Chronic Constipation	☐	☐	☐
Diabetes	☐	☐	☐	Recurring Diarrhea	☐	☐	☐
Feet or Ankles Swelling	☐	☐	☐	Arthritis	☐	☐	☐
Chest Pain	☐	☐	☐	Implant	☐	☐	☐
Angina	☐	☐	☐	Prosthesis	☐	☐	☐
Heart Murmur	☐	☐	☐	Prolonged Bleeding If Cut	☐	☐	☐
Heart Attack	☐	☐	☐	Psychiatric Treatment	☐	☐	☐
Heart Disease	☐	☐	☐	Venereal Diseases (STDs)	☐	☐	☐
Heart Surgery	☐	☐	☐	HIV Exposure	☐	☐	☐
Rheumatic Fever	☐	☐	☐	Sleep Disorders	☐	☐	☐

Any other family illnesses not listed ? _____

History of Any Other Disease or Problems? Please list any other personal illnesses, surgeries, diseases, injuries, trauma, emotional stresses, mental stresses, life-style conditions, addictions, alcohol, drug abuse, changes of weight, known allergies, or anything else to help us clearly understand your health condition: _____

_____

_____

Exercise: Do you currently engage in any exercise or physical activity? If so, what type(s)?

_____

_____

_____

Have you ever done Yoga postures before? If so, what type(s), how often?

_____

_____

_____

*Females Only: Age of onset of menses:_____ Are you currently pregnant? _____ Number of Weeks _____

Number of previous pregnancies:_____ Difficult past pregnancies? _____

Complications: _____

Do you use Birth Control? ☐ Yes ☐ No If so, what type(s)? _____ How long? _____

Date of Last Menstrual Period: _____ Length of cycle:_____ Days between cycles: _____

Cycles: ☐ Regular ☐ Irregular Color of Blood:_____ Flow: ☐ Heavy ☐ Medium ☐ Light

Clots: ☐ Yes ☐ No When? _____ Pain and/or difficulty during cycle? _____

PMS symptoms: _____

Any other symptoms during cycle: _____

Yeast infections? _____ Urinary tract infection (UTI) (frequency, duration): _____

Menopausal stage / symptoms: _____

Other information: _____

*Males Only: Prostate Condition? _____

Other information: _____

Check All That Apply To You Currently And Within The Last Six (6) Months:

Category:			
Digestion	☐ Irregular with ☐ Bloating ☐ Gas/Flatulence ☐ Abdominal Discomfort ☐ Gurgling Intestines ☐ Breathlessness	☐ Quick digestion with ☐ Acid Indigestion ☐ Heartburn ☐ Burning pain ☐ Still hungry after eating ☐ Nausea ☐ Vomiting	☐ Slow digestion with ☐ Feeling of heaviness ☐ Lethargy ☐ Sleepy after eating ☐ Low energy after meals ☐ Excess mucous secretions
Appetite	☐ Irregular ☐ Sometimes eats at midnight	☐ Excess hunger ☐ Sharp hunger ☐ Desire to eat large amounts of food ☐ Strong unbearable appetite ☐ Feels hypoglycemic	☐ Emotional eating (No urge for food but still eats) ☐ Dull / No appetite
Cravings	☐ Fried food ☐ Hot spicy food ☐ Meat or other protein	☐ Sweets ☐ Cooling foods & drinks	☐ Hot, sharp, dry & spicy food ☐ Wine or alcohol
Elimination	☐ Tendency toward constipation ☐ Dry ☐ Irregular ☐ Defecates without satisfaction ☐ Passes gas during elimination	☐ Loose stools ☐ Diarrhea	☐ Mucous in stool
Pain	☐ Shifting ☐ Tearing ☐ Moving ☐ Vague ☐ Throbbing ☐ Colicky ☐ Cutting ☐ Excruciating with breathlessness, fear and tachycardia	☐ Burning ☐ Sharp ☐ Hot ☐ Migraine headaches ☐ Sucking pain with fever, nausea and irritability ☐ Intense pain	☐ Dull ☐ Stable ☐ Deep dull aching pain ☐ Can sleep through the pain
Skin	☐ Dry ☐ Cracked ☐ Rough ☐ Thin ☐ Discolored ☐ Patchy	☐ Hives ☐ Rash ☐ Urticaria ☐ Acne ☐ Tender ☐ Warm/hot to touch ☐ Redness ☐ Boils ☐ Ruddy	☐ Excess oily ☐ Thick ☐ Pallor ☐ Cold/clammy ☐ Lustrous ☐ Itchy
Sweating	☐ Scanty or no sweat	☐ Excess ☐ Profuse with body odor	☐ Cold/clammy

Category:			
Sleep	☐ Insomnia ☐ Need night light ☐ Restless ☐ Difficulty falling asleep	☐ Interrupted sleep ☐ Must have complete darkness ☐ Needs to read/TV to sleep	☐ Excess sleep ☐ Daytime napping ☐ Heavy sleeper ☐ Slow to awaken ☐ Hypersomnia
Seasonal Allergies	☐ Breathlessness ☐ Wheezing ☐ Constricted Breathing	☐ Rash ☐ Itching eyes ☐ Hives ☐ Irritation ☐ Inflammation	☐ Runny nose ☐ Watery eyes ☐ Congestion
Food Sensitivity	☐ Night shades ☐ Leftovers ☐ Dry fruits ☐ Raw food	☐ Hot spicy foods ☐ Sour foods ☐ Fermented foods	☐ Dairy products
Muscle Reactivity	☐ Twitching ☐ Cramping ☐ Weakness ☐ Numbness ☐ Tingling ☐ Spasms	☐ Bruising ☐ Tenderness to touch ☐ Sore ☐ Excess heat	☐ Tumors ☐ Cysts ☐ Growths ☐ Generalized weakness
Bone and Joints	☐ Painful ☐ Popping ☐ Cracking ☐ Stiffness ☐ Loose ☐ Osteopenia ☐ Osteoporosis ☐ Medical fractures ☐ Scoliosis	☐ Inflamed ☐ Hot / feverish ☐ Tender ☐ Inflammatory arthritis ☐ Osteomyelitis ☐ Bursitis	☐ Swollen joints ☐ Bone tumors ☐ Bone spurs ☐ Osteosarcoma ☐ Non-inflammation with profuse infusion ☐ Sclerosis
Circulation	☐ Cold extremities (hands, feet)	☐ Burning hands / feet ☐ Bruises easily ☐ Tendency toward bleeding	☐ Cold clammy hands ☐ Varicose veins ☐ Thrombotic element
Body weight	☐ Variable ☐ Can't gain weight ☐ Thin or slender	☐ Stable ☐ Tendency toward hyper metabolism	☐ Tendency to easily gain weight ☐ Over-weight ☐ Obese ☐ Voluptuous ☐ Stout

Category:			
General Symptomatology	☐ Dry cough ☐ Ringing ears ☐ Light-headed ☐ Dryness: external/internal ☐ Hemorrhoid: External/ non- bleeding ☐ Low back ache ☐ Irregular metabolism ☐ Dry mouth ☐ Receding gums ☐ Blackish brownish discoloration ☐ Fatigue ☐ Lack of power, tone & strength ☐ Paralysis ☐ Slipped disc ☐ Hernia ☐ Difficulty sweating ☐ Cold extremities (hands, feet)	☐ Spontaneous bleeding ☐ Hyper-sensitive to smells ☐ Hair loss ☐ Excess thirst ☐ Hemorrhoid: Internal/bleeding ☐ Hot flashes ☐ Tendency toward inflammatory conditions ☐ Acidic saliva ☐ Hyper acidity ☐ Yellowish discoloration ☐ Fainting ☐ High metabolism	☐ Cold ☐ Cough ☐ Congestion ☐ Excess urination ☐ Frequent urination ☐ Fibrocystic ☐ Over salivation ☐ Edema ☐ Slow metabolism ☐ Albuminuria ☐ Lipoma(s) ☐ Cataracts
Mental-Emotional	☐ Transient Depression ☐ Inability to concentrate ☐ Forgetful ☐ Worry ☐ Fear ☐ Anxiety ☐ Insecurity ☐ Loneliness ☐ Nervousness ☐ Grief ☐ Restlessness ☐ Repetitive thinking ☐ Spacey	☐ Extreme depression with suicidal tendencies ☐ Anger ☐ Rage ☐ Resentful ☐ Judgmental ☐ Critical ☐ Envious ☐ Sharp tongued ☐ Vengeful ☐ Intolerant ☐ Irritable ☐ Aggressive ☐ Success-Failure mind set ☐ Seeks power, prestige and position	☐ Prolonged depression ☐ Sloppy ☐ Slow ☐ Confused ☐ Greed ☐ Attachment ☐ Mental lethargy ☐ Resistant to change ☐ Laziness ☐ Unforgiving ☐ Stubborn ☐ Boredom
Nature of response within relationships	☐ Talkative ☐ Uncertain ☐ Anxious ☐ Lonely ☐ Insecure ☐ Excitable ☐ Shy ☐ Spacey	☐ Seeks power, prestige and position ☐ Perfectionist ☐ Competitive ☐ Seeker of knowledge	☐ Based on acquiring comfort and pleasure

Other (Not Listed Above): _____

_____