## Please send back to backoffice@ashoka-ayurveda.com



## Ashoka Ayurveda questionnaire:

Dear Guest,

we are pleased that you have decided to book a cure with us. In order to prepare your stay as well as possible, we ask you to send the following sheet back to us before starting the cure. **Our goal:** a stay free from worries for you.

**Medical history and chronic diseases:** For complex medical histories and chronic illnesses, we recommend adding a pre-treatment consultation in preparation for the Ayurveda treatment.

**Exclusion:** Please note that in the case of **acute cancer**, we cannot perform intensive detox treatments.

**Exclusion Kalari-Therapy:** Please note that it is essential that there are no fresh fractures and the guest is physically capable of receiving the 1.5-hour intense Kalari treatments.

All contents are treated confidentially and are only used to prepare the cure. You are welcome to inform us after the treatment whether the data should be deleted. Otherwise, they will be saved so that they can be used for your next stay.

## **Information for Women:**

Please note that, with restrictions, in Ayurveda only selected partial body massages can be performed during menstruation. In addition, cleansing methods are not used during the first three days of menstruation. Please inform us in advance or at the latest in the doctor's consultation if your menstrual cycle falls within the period of your cure.

Full name:	
Adress:	
E-Mail:	
Date of Birth:	
Nationality:	
Type of Cure and number of days:	
Arrival:	
Departure:	
Have you already done an Ayurveda cure?	
If so, what type, when and where?	
What is your goal with the cure?	
Current illnesses or complaints?	
Are you diagnosed or suffering from any terminal illness like advanced cancer, dementia, heart disease etc.?	

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Are you at the moment undergoing any chemotherapy, radiation etc.?	20 07
Other illnesses / complaints in the past?*	The state of the s
Have you been undergone any surgeries before. If yes when & what type?	Pour ele
Do you take any medications?	
If so, which ones? And do you take them continuously or only currently?	
How strong is your immune system against diseases (low, moderate, high)?	
Do you suffer from allergies / food intolerances?	

## Please answer the following questions on a scale of 1-5:

How sporty are you? (1 = little or not at all; 5 = weekly exercise)	
Only for Strengthening cures:  If you have booked a strengthening cure, your program work, other recommended treatments or coaching wit solution for you, you decide together with our Ayurved from us. In order to make a preselection, please answer	th our employees. In order to find the right da doctor what kind of support you will receive
I would like to take on a passive (1) or active (5) part of the accompaniment.	
I would rather work on a mental (1) or emotional (5) level.	