THE BEAUTY OF
AYURVEDA

# Shirodhara Client Intake Form

*Thank you for choosing this restorative Ayurvedic therapy. Your responses help us create a safe, supportive, and personalized experience.*

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## Client Information

**Name:** _____

**Date:** _____

**Email:** _____

**Phone:** _____

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## General Wellbeing

Please check any that apply to you currently or within the past 6 months:

☐ High stress or burnout
☐ Difficulty sleeping or insomnia
☐ Anxiety, overwhelm, or mental fatigue
☐ Hormonal changes (perimenopause / menopause)
☐ Headaches or migraines
☐ Brain fog or difficulty concentrating
☐ Nervous system sensitivity
☐ Chronic fatigue
☐ None of the above

Is there anything specific you are hoping to receive from this session?
☐ Deep relaxation
☐ Improved sleep
☐ Stress relief
☐ Emotional balance
☐ Nervous system reset
☐ Other: _____

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## Health & Safety Information

Please answer honestly to ensure your safety.

Have you ever experienced any of the following?
☐ Recent concussion or head injury
☐ Seizure disorder or epilepsy
☐ Severe vertigo or dizziness
☐ Untreated high or low blood pressure
☐ Active sinus infection
☐ Pregnancy or possibility of pregnancy
☐ Recent surgery (past 3 months)
☐ Currently under medical care for a neurological condition
☐ None of the above

If yes to any, please explain:

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## Medications & Sensitivities

Are you currently taking medications that affect the nervous system, mood, or sleep?
☐ Yes ☐ No

If yes, please list (optional):

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Do you have any known allergies or sensitivities?
☐ Essential oils
☐ Herbal products
☐ Sesame or coconut oil
☐ Fragrance sensitivity
☐ Other: _____

## Menopause & Hormonal Health (Optional)

This information helps tailor your experience but is completely optional.

☐ Perimenopause
☐ Menopause
☐ Post-menopause
☐ Prefer not to say

Are you currently experiencing:
☐ Hot flashes
☐ Night waking
☐ Mood changes
☐ Fatigue
☐ Anxiety or restlessness

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## Comfort & Preferences

☐ I am comfortable with warm oil applied to the forehead and scalp
☐ I generally run hot
☐ I generally run cold

Anything that would help you feel more comfortable during your session?

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## Informed Consent

I understand that shirodhara is a traditional Ayurvedic relaxation therapy and is *not a medical treatment or substitute for medical care*. I confirm that the information provided is accurate to the best of my knowledge.

**Client Signature: _____**

**Date: _____**

## Practitioner Notes:

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