



**Health condition**

**Name:** .....

Residence address: .....

**Former illnesses** /upon reception to the program, the client is asked to present any epicrises, blood tests, and diagnostic images available/:

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**Current health condition** /if the client is healthy or ill as well as type and progress of the disease/illness/:

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**Clinical tests /recommended/:**

*To be done by the client on an empty stomach in the morning before admission to the centre.  
To be presented by the client upon arrival.*

- CBC, general cholesterol, HDL, LDL, triglycerides, glucose, urea, creatinin, general bilirubin, general protein, uric acid;
- liver enzymes: ASAT, ALAT;
- urinalysis and sediment.

**Contraindications for Ayurvedic treatment:**

- Pregnancy
- Children under 12 years of age
- Women having their menstrual period
- 1 month after surgery
- Final stage of cancer
- Condition of acute viral infection with fever (only dry compresses can be applied)
- General physical weakness (treatments are held every second day)
- Patients in advanced old age.

**How did you learn about the program?**

- TV
- Internet
- Friend
- E-mail
- Newspaper / magazine
- Other.