



Ayurvedic Health Center

Whatcom county, Washington
360-734-2396
AyurvedicHealthCenter.com

Intake Forms — Please write legibly.

Name:		
Address:		
City, State:		
Telephone—Home:	Cell:	Work:
Email:	Birthdate:	Age:
Birthplace:		Exact Birth time:
Where did you (mostly) grow up?		
What climate are you most comfortable being in?		
Marital/Partner Status:	# of Children:	Ages:
Occupation:		
Emergency Contact Name & Number:		
Please list why you have chosen to have an Ayurvedic Consultation:		

May we add your email address to our eNewsletter list? We typically send 1–2 emails per month.	Yes	No
--	-----	----

What You Can Expect From Your Ayurvedic Health Care

Ayurveda is a natural healing system that has been successfully practiced for thousands of years. Originating in ancient India, this medical tradition states that each person's path toward optimal health is unique—because each person is unique. The healing programs your practitioner offers are based on effective, time-honored principles that focus on understanding your particular body-mind constitution and the unique nature of your imbalance.

Each individualized program is formulated by your practitioner for you. Your program may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aroma therapy, massage therapy, and other therapeutics. In order to successfully implement these Ayurvedic principles into your life, regular follow-up visits with your practitioner are recommended.

The goal of all Ayurvedic programs is to create an optimum environment for healing to take place within your body and mind—and to maximize your body's ability to heal itself.

Ayurveda uses a different model of health and wellness than is practiced in the Western allopathic model. Please read through these statements and put a check mark by the ones that resonate with you. The more checks, the better a fit this modality will be for you.

<input type="checkbox"/>	Western medicine has little to offer me at this point.
<input type="checkbox"/>	I am ready to enter into a working relationship with a practitioner—and my body's intelligence.
<input type="checkbox"/>	I am ready to commit to improving my health and wellness.
<input type="checkbox"/>	I am looking for a guide to lead me through the terrain of improving health and wellness.
<input type="checkbox"/>	I am ready to invest in myself.
<input type="checkbox"/>	I value a proven modality.
<input type="checkbox"/>	I value a relationship with the natural world.
<input type="checkbox"/>	I prioritize proactive and preventative self-care.
<input type="checkbox"/>	I am ready to change.
<input type="checkbox"/>	I take responsibility for myself,
<input type="checkbox"/>	I am looking for non-judgemental support.
<input type="checkbox"/>	I am interested in a holistic approach.
<input type="checkbox"/>	I am interested in a creative, out-of-the-box approach.
<input type="checkbox"/>	I am interested in a specialized approach.

I have read and understood this information.

Autograph:	Date:
------------	-------

Disclaimers

- 1. The Ayurvedic Health Center is private and non-commercial. The Ayurvedic Health Center is not licensed to service federal agents, officers, employees and dependents, agents, nor those of any federal franchises. All such persons are subject to the Bivens decision, and must identify themselves prior to participation in any Ayurvedic Health Center activity.
- 2. Members of the Ayurvedic Health Center engage each other under the maxims of Exclusive Equity, & thereby only exchange lawful gifts and honor under unincorporated trust relations.
- 3. The Ayurvedic Health Center does not engage in commerce. Any use of financial terms is solely for the purpose of easeful communication.
- 4. You participate in Ayurvedic Health Center offerings at your own risk.
- 5. The Ayurvedic Health Center does not offer medical, financial, or legal advice. No person associated with the Ayurvedic Health Center makes any claims.
- 6. All shared content within the Ayurvedic Health Center is for educational purposes only.

I have read, understand, and agree to the above information.

Autograph:	Date:
------------	-------

Informed Consent

to authorize traditional health care through the Ayurvedic Health Center PMA

All Clients who participate in Ayurvedic healthcare through the Ayurvedic Health Center PMA should be advised of the following information:

1. Your Ayurvedic Health Practitioner will work with you on the promotion of optimal health and well-being. Please note that your practitioner will NOT be working with you on specific Western medical diagnosable symptoms or diseases.
2. By changing your lifestyle and living more harmoniously with nature, you will create the optimum environment for healing to take place along with a greater sense of well-being that will help you to thrive (and not simply survive).
3. If you are under medical care or the care of another healthcare provider, your work with your Practitioner will complement the work being done by your other providers.
4. If you are not under the care of another healthcare provider, the work that you do with your Practitioner will help prevent further disease and will support your overall well-being.
5. Your Practitioner is not a medical doctor, is not trained in Western medical diagnosis, and may not prescribe or alter your prescription medications.
7. While your Practitioner may take your blood pressure and vital signs, and may perform some examination techniques similar to a routine medical examination, your Practitioner is evaluating his/her findings from an Ayurvedic perspective only and not from a Western medical perspective.
8. By signing below, you give your permission to Ayurvedic Health Center PMA to use the information in your chart for research purposes. (Note: no patient names, addresses, phone numbers, or email addresses are included in research records.)

I have read and understand the above information and give my permission to begin a program of health promotion with an Ayurvedic Health Practitioner.

Autograph:	Date:
------------	-------

Financial Policy

1. The Ayurvedic Health Center is a Private Member Association. The Ayurvedic Health Center and its members operate in the private and are explicitly not engaged in commerce. Any use of financial or banking terms is simply for ease of communication.
2. The Ayurvedic Health Center is NOT a medical practice and does NOT diagnose, prescribe, or treat. All shared content is for educational purposes only.
3. The Ayurvedic Health Center is unable to bill health insurance plans and healthcare spending accounts (HSAs). You may not (and agree not to) directly apply for reimbursements from any third-party entity.
4. The Ayurvedic Health Center is unable to generate a statement or superbill for any kind of use.
5. Currently available offerings are available on our website: <https://www.AyurvedicHealthCenter.com>.
6. We require a *minimum* of 24-hours notice for canceling and re-scheduling appointments.
7. We may conduct consultations by phone call or over a video/webinar format such as jitsi or Meetn.
8. Your individual health protocol often incorporates herbal formulas custom-designed for you by your practitioner. The formula will usually be made up by an outside apothecary; compensation for the formulas is due directly to them. There may be additional fees for shipping and/or encapsulation of the formula.
9. In lieu of payments and financial transactions, members grant and convey gifts or honorariums, which will be redeemed in lawful money [per 12 USC 411].
10. Gifts and honorariums for all visits, services, and/or treatments will be accepted at the time of *scheduling*.
11. The Ayurvedic Health Center is unable to provide you with receipts.
12. Gift coupons are valid for six months. Any unused balance after six months is forfeit.
13. Refunds generally not possible. Some specific exceptions may be made; these will be specific to our agreement and obvious to you.
14. Gifts and honorariums may be made by the following means:
 - ♦ cash or fiat currency (FRNs)
 - ♦ Visa gift card(s)
 - ♦ personal or cashier's check
(made out to: Katrina Svoboda Johnson)
 - ♦ Amazon.com gift card(s)
 - ♦ U.S. Postal Service postal money order
 - ♦ Dandelion Organics gift card(s)
made out to: Katrina Svoboda Johnson
www.dandelionorganic.com/gift
 - ♦ .999 silver (bars or coins)
 - ♦ Azure Standard gift card(s)
to: Katrina Svoboda Johnson
www.azurestandard.com/shop/search/azure%20gift%20cards
 - ♦ .999 gold (bars or coins)
 - ♦ Goldbacks or Silverbacks
<https://www.goldback.com>
 - ♦ Monero cryptocurrency
 - ♦ Liberty Dollar Financial Association ("KatSvo")
 - ♦ Whole Foods or Haggen gift card(s)

I have read and understood these financial policies and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Autograph:

Date:

Member Covenant

In summary, this document specifies that:

- Ayurvedic Health Center (hereinafter “AHC”) is a private member association providing solutions for improving health and wellness through consultations, personal practices, Ayurvedic therapies, and education;
- by engaging with AHC, I voluntarily agree to work with AHC in a private arrangement;
- AHC is not a religion or a cult; AHC is a Ministerial Association;
- AHC has an established internal process for dispute resolution;
- as a member of AHC, I will not bring a lawsuit against AHC or any of its members, officers, directors, etc.;
- as a member of AHC, I will not contact law enforcement for any event that transpires between members; and
- all AHC activities and transactions are held strictly in full privacy and confidentiality. I will NOT disclose any AHC-related information to any persons or third-parties (ie: health department, other medical professionals, insurance companies, schools, hospitals, emergency rooms, urgent care centers, imaging centers, laboratories, social media, the Internal Revenue Service, etc.) for any reason.

FULL TEXT:

By joining AYURVEDIC HEALTH CENTER PMA (hereinafter “AHC”), a Private Ministerial Association and a Private Health and Education Member Association, and/or any website and/or social media group and/or email list and/or newsletter and/or educational group and/or cohort started by, created by, maintained, or organized by the Association, I agree to the terms and conditions of AHC as follows:

1. The mission and objective of the AHC is to provide members with a platform for conducting any and all manner of private business, keeping all business in the private domain and private jurisdiction, utilizing the protections guaranteed by the Universal Declaration of Human Rights (UDHR) the Declaration of Independence, the Articles of Confederation, the Organic Constitution of the United States, the Bill of Rights, and the various constitutions of the several states of the union.
2. We know that the above-named documents grant our members the absolute rights and freedoms of: religion, free speech, petition, assembly, to gather together, to be free from unreasonable search and seizure, to not incriminate ourselves, and to freely exercise all other unalienable rights as granted by the creator, Brahman and almighty God.

WE HEREBY Declare that we are exercising our right of “freedom of association” as guaranteed by the above-named documents. AHC activities are restricted to the private domain only and are outside the jurisdiction of government entities, agencies, officers, agents, contractors, and other representatives.

3. We declare the basic right of all of our members to be discerning and to decide for themselves which AHC members can be expected to give wise counsel and sage advice concerning all matters including, but not limited to, physical, spiritual, emotional, and mental health, law, and any other matters, and to accept from those members any and all counsel, advice, and tips, whom we feel are able to properly advise and assist us.
4. We expect to have the freedom to discern, choose, and perform for ourselves the types of therapies and treatments that we think best for addressing any imbalance(s), as well as for achieving and maintaining optimum wellness.
5. AHC will recognize any natural person who has become a member of AHC who is in agreement with the principles and policies outlined in the member document(s) as a member of the AHC, providing said person has not been sanctioned, exercised, otherwise banned by the AHC, or is a federal agent, officer, employee or dependent, or franchise.
6. I understand that I can withdraw from this agreement and terminate my member status in AHC in writing at any time. Similarly, my member status can and will be revoked if I engage in abusive, violent, menacing, destructive, or harassing behavior towards any other member of AHC.

Member status with AHC may be terminated by AHC trustees or their designee(s) at any time, should they conclude that I am behaving in a way that is contrary to or detrimental to the focus, principles, and betterment of this Association.

7. AHC is protected by the First and Fourteenth Amendments to the U.S. Constitution, and as such is outside the jurisdiction and authority of Federal and State Agencies and Authorities. This applies to any and all complaints or grievances against AHC members or other persons. All rights of complaints or grievances will be settled by an AHC designee, committee, or tribunal only and will be waived by the member for the benefit of AHC and its members.
8. I voluntarily agree to participate with AHC under common law and governed by ecclesiastical and spiritual law as interpreted by AHC. Members seek to help each other achieve improved spiritual, physical, mental, and emotional health, and good quality of life.
 - A. I voluntarily agree to work with AHC in a private capacity. My activities within AHC are a private contractual matter that I refuse to share with the Local, State, or Federal investigative or enforcement agencies, agents, and officers. I fully agree not to pursue any course of legal action against a fellow member of AHC, unless that member has exposed me to a clear and present danger of substantive evil, and upon the recommendation and approval of AHC.
 - B. I enter into this agreement of my own free will without any pressure or coercion. I affirm that I do not represent any Local, State, or Federal agency whose purpose is to regulate and approve products or services, or to carry out any mission of enforcement, entrapment, or investigation.
9. I agree to never report to and/or share information with any and all third-parties of any kind for any purpose or reason, including but not limited to (allopathic) medical practitioners and doctors, insurance carriers or agencies, health insurance, dental insurance, disability insurance, motor vehicle insurance (including PIP), health care spending accounts (HSA), life insurance, Medicare, and Medicaid, regarding any and all activities that transpire within AHC. This includes a prohibition of using these carriers and agencies as sources of financial funds (ie: donations, payments, reimbursements), and obtaining insurance benefits, financial and otherwise.
10. I will never ask a Member of AHC to report to or be in communication with any of these carriers and agencies on my behalf. Any inquiries to AHC from such a carrier or agency will be met with a denial of existence of a working relationship between me and AHC and will garner recourse, including immediate termination as a member.
11. The board of trustees of AHC, and the practitioners and educators operating within AHC, may not under any circumstances be held liable for liabilities of the AHC, excepting any liability defined within the Bylaws. All actions, claims, and suits MUST be adjudicated in the Tribunals of AHC as set forth in the Charter/Bylaws of AHC.

I declare that by joining AHC through any website, social media group, email list, newsletter, educational group, or cohort, I have carefully read the whole of this document and I understand and agree with it. My questions have been answered fully and to my satisfaction.

Autograph:	Date:
------------	-------

Confidential History

(1) Health History

Are you under the care of a licensed health care professional or any other healthcare provider?	Yes	No
If so, for what reason(s)?		
Serious Illnesses:		
Hospitalizations:		
Operations:		
List other pertinent current or past conditions:		
Have you had any cosmetic surgery or procedures performed:	Yes	No
If so, please list:		
Were your wisdom teeth removed?	Yes	No
I have or have had eczema.	Yes	No
I have or have had psoriasis.	Yes	No

Family History

Indicate which members of your immediate family have had these conditions. (Go back one generation.)
(If adopted, answer according to family heritage, if known.)

High Blood Pressure	Heart Disease	Other
Cancer	Mental Disorder	
Stroke	Diabetes	
Notes:		

Alcohol, Tobacco, and Substance Use

Practitioner Notes:

<p>a. Do you drink alcoholic beverages? Yes No</p> <p>If yes, how often? Daily Several Times Weekly Several Times Monthly Seldom</p> <p>I usually choose: Beer Wine Sweet or Hard Liquor</p>		
<p>b. Have you ever smoked tobacco? Yes No If yes, how much per day?</p> <p>If you have quit smoking, when did you quit?</p>		
<p>c. Any current or past use of addictive or habitual substances? Yes No</p> <p>(Note: This will be kept confidential.) Please list all substances (either current or past usage):</p>		

(2) Regular Practices

Exercise / Yoga / Team Sports / Recreation (Specify)	None/Never	Occasional	Several Times per Week
		Daily	Several Times per Month
Long-Distance Travel (include commute if applicable)	None/Never	Occasional	Several Times per Week
		Daily	Several Times per Month
Spiritual Practices / Meditation / Prayer (Specify)	None/Never	Occasional	Several Times per Week
		Daily	Several Times per Month
Creative Activities	None/Never	Occasional	Several Times per Week
		Daily	Several Times per Month

Relationship

a. Please indicate how nourished you feel in your relationship:		1	2	3	4	5	6	7	8	9	10
(1 being the least nourished; 10 being the most nourished)											
b. How often do you engage in sexual activity (include sex with a partner and masturbation)											
Daily	Several Times Per Week	Several Times per Month	Occasionally	Not at all							
c. Is your current sexual activity satisfactory?											
Yes		No									

Allergies or Sensitivities, including spring and autumnal allergies & hay fever

Do you have allergic reactions to any substances (including pollen, food, medicines)? If yes, please list:

Are there any foods you regularly avoid eating because they give you symptoms? If so, what are the symptoms, and how long after eating do they occur?

Daily Liquid Intake (Include number of 8-ounce cups per day)

Caffeinated Coffee / Tea:	Herbal Tea or Juice:	Plain Water:
Decaff Coffee / Tea:	Soda:	Milk:
Grain / Nut Milk:	Other:	

Habitual Eating Patterns

Describe any current or past eating patterns or any other food related issues.

Your Definition of Health

Briefly, what does "Health" mean to you or look like to you?

(3) Daily Schedule (Include approximate times)

What are your habitual activities from the time you wake up until you go to sleep? Include mealtimes, sleeping, exercise, work, and any activities that occur on a regular basis.

	Time	Habitual Activities	Notes
Morning:	Awaken		
	Mealtime		
	Activities		
Day:	Mealtime		
	Activities		
Night:	Mealtime		
	Activities		

Sleep Patterns

What time do you regularly go to bed?			What time do you regularly go to sleep?		
Is it easy to fall asleep?	Yes	No	Is it easy to stay asleep?	Yes	No
Is it easy to get up in the morning?	Yes	No	Is it easy to go back to sleep?	Yes	No
Is it easy to sleep in heat?	Yes	No			
Describe any sleep issues you have:					

Energy

Do you need naps?	Yes	No	Does your energy flag? When?	Yes	No
How is your enthusiasm?					
Describe any energy issues you have:					
What is your energy flow / expense during the day?					

Please list any additional information / concerns

(4) Current Medications, Herbs, and/or Supplements

What medications, herbs, supplements are you currently taking? Please include significant remedies that you have stopped taking, including birth control and hormone replacement therapies.

Substance	Over-the-Counter or Prescription?	Herb/Drug/Vitamin?	Prescribed by? (ie: self, MD)	For what purpose?	For how long?	What dosage?	What have the benefits been?

(5) Mental–Emotional Balance

Please rate your orientation to these common mental–emotional states. You may check boxes in more than one column if that feels accurate to you. Focus on what is true for you over the course of your adulthood —OR— most of the time.

	✓	Sattva	✓	Rajas	✓	Tamas
Diet		largely vegetarian, fresh, organic; few comfort foods		some meat, processed foods, or comfort foods		excess meat, processed foods, or comfort foods
Drinking or Drugs		never		some		frequent
Sleep		little		moderate		lots
Sex Drive		low		medium		high
Control of Senses		good		moderate		weak
Speech		calm, soft		agitated		dull
Cleanliness		high		moderate		low
Work		selfless		personal		lazy
Anger		rare		some		frequent
Desire		little		some		much
Pride		modest		ego		vain
Depression		never		some		frequent
Love		gives		takes		needs
Violent		never		sometimes		frequently
Attached to Money		no		somewhat		very
Contentment		yes		sometimes		never
Forgiveness		easily		with effort		holds grudge
Concentration		good		moderate		poor
Memory		good		moderate		poor
Willpower		strong		variable		weak
Service		frequent		some		rare
Honesty		always		mostly		rare
Peace of Mind		yes		occasional		rare
Spiritual Study		daily		occasional		rare
Meditation		daily		occasional		rare
Expresses Joy		always		sometimes		rarely
	Total Sattva		Total Rajas		Total Tamas	

(6) Indicators of Ama

Please indicate the frequency with which you experience the following symptoms. Focus on what is true for you *at this time* in your life.

Symptom	Often	Sometimes	Never
bad breath			
foul-smelling stools, sweat, and/or gas			
lots of wiping after eliminating			
skin break-outs			
strong cravings for fast food or junk food			
a coated tongue			
dull appetite			
digestive upsets			
gray or lusterless skin			
yellow teeth or eyes			
sluggish or irritable elimination			
generalized body pain			
fatigue even though you may have slept well			
feeling sluggish and bloated, especially after a meal			
depression			
susceptibility to infection and disease			
a dull mind or clouded thinking; an inability to focus or to be motivated in life			
Totals			

What are your main stressors?

Please indicate your overall level of stress:012345678910

What are your main sources of support?

(8) Deeper Health Indicators

Exposure to Non-Natural Substances

Practitioner Notes:

I use cleaning products with artificial colors, fragrances, dyes, preservatives, etc.	Yes	No	
I use laundry products with artificial colors, fragrances, dyes, preservatives, etc.	Yes	No	
I use dryer sheets.	Yes	No	
I use body-care products that contain artificial colors, fragrances, dyes, preservatives, etc.	Yes	No	
I use dishwashing products (dish soap, dishwasher detergent, etc.) that contain artificial colors, fragrances, dyes, preservatives, etc.	Yes	No	
I store foodstuffs in plastic containers.	Yes	No	
I eat a lot of packaged and prepared foods.	Yes	No	
I eat "fast food."	Yes	No	
I eat little to no organic foods.	Yes	No	

Gut Microbiome & Liver Toxicity Indicators

Practitioner Notes:

I drink alcohol three times a week or more	Yes	No	
I drink coffee most days.	Yes	No	
I use Round-Up and/or Miracle-Gro products (or similar).	Yes	No	
I take/have taken antibiotics.	Yes	No	
I have had general anesthesia.	Yes	No	
I take/have taken pharmaceuticals.	Yes	No	
I regularly take Tylenol and/or Ibuprofen.	Yes	No	

Heavy Metals Exposure

Practitioner Notes:

I use aluminum cookware.	Yes	No	
I have tattoos (extra points for heavy coverage & for color ink).	Yes	No	
I receive fluoride dental treatments; I take fluoride products; and/or my drinking water is fluoridated.	Yes	No	
My drinking/cooking water comes from a municipal water source.	Yes	No	
I have/had metal in my body (dental implants, amalgam/mercury fillings, artificial joints, broken bone hardware, pacemaker wires, etc.)	Yes	No	
I have received vaccines or shots (ie: childhood, flu, shingles, etc.) (specify)	Yes	No	
I have received one or more Covid injections. If so, list date(s) and brand. What symptoms, if any, did you have afterward?	Yes	No	

EMF Exposure

Practitioner Notes:

Does your home have Wifi?	Yes	No	
Does your work have Wifi?	Yes	No	
How much do you use your cell phone?	Yes	No	
How many hours a week do you sit in front of a computer?	Yes	No	
Do you have an electrical power transformer or cell tower near your home and/or work?	Yes	No	
Do you live 1/4 mile or closer to an electrical substation or high-tension power lines?	Yes	No	
Do you use smart speakers and/or devices?	Yes	No	
Do you watch a lot of TV (how bit is it? how often do you watch it?)	Yes	No	
Do you use a microwave?	Yes	No	
Does your cell phone work in 5G?	Yes	No	

(8) Food Journal

Day 1

Date:							
Time	Food/Beverage Consumed	Amount	Where	With Whom	Preparation Method	Hunger 0-5	Fullness 0-5
Is this a typical day? Yes / No / Explain:							

Food Journal

Day 2

Date:							
Time	Food/Beverage Consumed	Amount	Where	With Whom	Preparation Method	Hunger 0-5	Fullness 0-5
Is this a typical day? Yes / No / Explain:							

Food Journal

Day 3

Date:							
Time	Food/Beverage Consumed	Amount	Where	With Whom	Preparation Method	Hunger 0-5	Fullness 0-5
Is this a typical day? Yes / No / Explain:							