

SKINCARE INTAKE

Determine Your Dosha

Each client is the manifestation of subtle energy, a blend of three doshas of vata, pitta, and kapha, and is called their constitutional mind/body type. The amount of each dosha, according to Ayurveda, determines not only the way we look but also how we think, speak, act and feel. Doshas are not fixed in quantity or location and do have the natural tendency to change, move and become unbalanced. We use the information collected in your dosha assessment to customize your skincare to achieve the ultimate effectiveness.

Appetite	Erratic/Variable Excessive to No Interest	Strong/Intense Needs Regular Meals	Low/Constant/Emotional Skips Meals
Digestion	Eat Fast Indigestion/Gas/Bloating	Eat Anything Smelly/Gas/Burning Indigestion	Eat Slow Heavy Stomach / Sluggish Digest
Elimination	Irregular/ Constipation Dry/Hard/Small/Gas	Twice or More Daily Soft/Oily/Loose/Hot	Soft/Pale/Sluggish/Daily Heavy/Slow/Thick/Formed
Perspiration	Not Easily	Easily	Very Little
Climate	Dislike Cold / Prefer Warm/Hot	Dislike Heat / Warm Hands Prefer Cool/Cold	Dislike Damp Cold/Cool Hands Tolerates Extremes
Sensitivity	Loud Sounds	Bright Light	Strong Smells
Energy	High/Worn Out Easily	Medium/High/Over-Works	Medium/Low/Steady Stamina
Activity	Active/Quick Fast Moving/Restless	Intense/Focused Competitive/Multi-Task	Slow/Regular Methodical/Leisurely
Mind	Quick/Restless Questions/Theorizes Short Attention/Indecisive	Sharp/Penetrating Critical/Artistic Detail Oriented /Decisive	Stable/Slow Lethargic/Logical Big Picture/Stubborn
Moods	Change Quickly	Change Slowly	Mostly Steady
Emotion	Creative/ Enthusiastic/Vivacious	Fiery Desire/Determination	Calm Nurturing/Affectionate
Stress	Anxiety/Insecure/Worry	Anger/Aggressive/Irritable	Depression/Lazy /Melancholy
Temperament	Imaginative Free Spirited	Efficient/Perfectionist Authoritative/Courageous	Caring Agreeable/ Easy Going
Reactions	Excitable/Nervous/Dramatic Impulsive/Unpredictable	Quick Tempered /Controlling Critical/Judgmental/Impatient	Even Tempered Stuck/Stubborn Patient /Withdraws/Sentimental
Sexual Desire	Low/Moderate	Moderate/Strong	Gradual/Cyclic/Strong
Sleep	Light/Interrupted/Insomnia Worry Insomnia	Moderate/Sound Problem Solving Insomnia	Deep/Long/Sound Awaken Slowly
TOTAL	VATA	PITTA	KAPHA

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Exfoliation History

Have you had a chemical peel, microderm, or any resurfacing treatment? yes no In the last mo?
 Use Accutane, Retin A, Renova, or any other prescription skin products? yes no In the last 3 mos?
 Are you currently using any products that contain the following ingredients?
 glycolic acid lactic acid exfoliating scrub hydroxy acid vitamin a derivatives

Moisture Hydration

How much plain water do you have daily? _____ How many alcoholic beverages do you consume weekly? _____
 Do you ever experience these conditions on your skin: flakiness tightness dryness
 What spf sunscreen do you use on your face? body? Do you sunbathe or use tanning beds? yes no

Capillary Activity

Do you burn easily in moderate sunlight? yes no Do you blush easily when nervous? yes no
 Do you have a tendency toward redness? yes no Do you suffer from sinus problems? yes no

Oil Secretion

Do you experience oily shine? yes no Do you experience skin breakouts? yes no

Nerve Activity

Do you drink more than 4 caffeinated beverages daily? (coffee, tea, soft drinks) yes no
 Do you ever experience a burning, itching sensation on your skin? yes no
 What is your pain threshold? Low Medium High
 Have you ever experienced claustrophobia? yes no
 What type of massage pressure do you prefer? Light Medium Firm

Have you ever had an allergy to nuts? _____

Have you ever had a reaction or an allergy to any of the following? *cosmetics* *medicine* *iodine* *pollen*
waxing products *hydroxy acids* *pumpkin* *blueberries* *fragrance* *sunscreens* *soy* *sesame*
wheat *coconut* *almond* *walnut* *algae extract* *macadamia* *kukui* *hazelnut*

Do you have allergies to anything not listed above? _____

