Ayurvedic Global Cleanse

Dr. Light Miller and Walleska Sullaberry

Do you need to Detox your body and mind?

Join Us for an Ayurvedic Seasonal Cleansing this fall

Prepare yourself for a fall cleanse with a group of us this fall.

The group begins on **September 18th 2017**

This includes:

1. Massage oils with Essential oils for Abyanga Massage
2. Daily food regimen and recipes
3. Immune soup herbs
4. Burdock , Tumeric and ginger
5. Herbal spice mix for improve digestion
6. Detox tea specific for your body type
7. 14 days of liver cleanse
8. Longevity shake
9. Cleansing mix for regenerating the Colon(basti)
10. Kichari ingredients and instructions
11. Group support
12. Videos for food preparation and nutrition
13. A 15 minutes consultation with light on Skype

We also have available Pancha Karma in beautiful setting in Rincon PR for those who want to go deeper .

For more information and to Register:

www.ayurvedichealers.com

787 - 291 - 3651

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Client History

Name: ______________________________ Date: ______________

Address: ______________________________

City/State/Zip: ______________________________

Phone Number: ______________________ Date Of Birth: ________________

Recommended By: __________________ email: ______________________________

Reason for Consultation: ______________________________

____

____

What are your symptoms?

#1: ______________________________

How Long have you had them? __________________

#2: ______________________________

How Long have you had them? __________________

#3: ______________________________

How Long have you had them? __________________

#4: ______________________________

How Long have you had them? __________________

#5: ______________________________

How Long have you had them? __________________

#6: ______________________________

How Long have you had them? __________________

Occupation ______________________ Do you enjoy your work? ______________

Rate level of job stress ________________ Source of job stress __________________

Do you experience stress in any particular part of your body? ____________________

Married _____ Single ____ Divorced ______

How many children at home? _________ Pregnancies ______________________

How do you feel about your current relationship status?

____

If in a relationship, are your happy? ______________________________

Family life stresses ______________________________

Medical History

What major illnesses or operations have you had in your life?

____

____

____

____

Have you had a medical exam in the past year? _________

Results of exam?

____

Are you on any medication? ___No ___Yes **Which Ones:**____

Have you consistently experienced any of the following:

___ **Abdominal Pain**

___ **Allergies**

___ **Arthritis**

___ **Asthma: -Childhood or**

-Adult onset

___ **Blurred Vision**

___ **Circulatory Problems**

___ **Constipation**

-When _________________________________

___ **Diarrhea**

___ **Digestive Problems**

-When _________________________________

___ **Headaches**

___ **Fatigue / Exhaustion**

Why _________________________________

___ **High / Low Blood Pressure**

___ **Insomnia**

When _________________________________

___ **Low Blood Pressure** _________________________

___ **Menstrual Regularity** ______________________

___ **Migraines: When** _________________________

____

How often ______________________________

___ **Miscarriage**

___ **PMS -Symptoms:** _________________________

____

___ **Respiratory Probems** ______________________

Do you experience: Congestion, dryness, phlegm & where in body________________

____

___ **Sinus Infections**

___ **Skin Problems**

What kind _____________________________

___ **Stomach Ulcers**

___ **Varicose Veins**

General Health Information

Do you have a healthy diet: ___ **Always** ___ **Most of the time** ___ **Sometimes** ___ **Never**

Exercise: ___**Once per day** ___**Once per week** ___**More than 1 x week** ___**Seldom** ___**Never**

What types of exercise: ________________________

Family History

Illnesses from your Father's side of family:

____

Illnesses from your Mother's side of family:

____

10 % off when you refer a friend!