

Intake Form – Guided Immersion

This questionnaire allows me to better understand your current situation, your lifestyle, and the factors that may influence your state of health, in order to prepare our exchange as effectively as possible and to provide body care that is appropriate during your session. The information collected is strictly confidential and stored securely. **Please complete this form carefully and return it by email no later than the day before your appointment.**

1. Personal information

Name, Surname:		Phone number :	
Date of birth :		e-mail address :	
Preferred pronoun (optional):		Emergency contact (name and phone number of) :	

2. Objectives of the session

**What made you want to book this guided immersion?
What do you mainly expect from this experience?**

3. General orientation

Lately, you recognize yourself more in:

(check what resonates with you, without thinking too much)

- Mental fatigue / scattered mind
- Difficulty slowing down or settling
- Feeling of dryness (skin, mouth, digestion, etc.)
- Heaviness, inertia, congestion
- Physical or nervous tension
- Increased emotional sensitivity / strong emotional reactions
- Need for structure or clarity
- None of the above*

Your general energy levels lately:

- Stable and sufficient
- Variable
- Frequent fatigue
- Exhaustion

4. Health history & medical safety

Are you currently being followed by a healthcare professional? Yes No

Do you take any medications (including anticoagulants, painkillers, corticosteroids) ? Yes No

If yes, please specify:

Do you have any allergies or sensitivities (oils, plants, etc.)? Yes No

If yes, please specify: _____

Have you ever experienced fainting, dizziness, or adverse reactions during bodywork sessions? Yes No

Current conditions (check all that apply):

- Pregnancy or planning pregnancy
- Menstruation on the day of the therapy
- Recent surgery or injury (less than 3 months). Specify: _____
- Infection, fever, or acute inflammation
- Skin problem (rash, infection, wound, fungal infection)
- Edema (unusual swelling)
- Varicose veins (visible or sensitive veins)
- Persistent fatigue, or digestive heaviness / less appetite than usual
- Unusual discomfort/pain, or migraines
- Dizziness, difficulty concentrating, or lack of mental clarity
- Unusual bodily sensations (breath, perspiration, eliminations)
- None of the above*

Also to be reported (even if not recent):

- Neurological disorder (e.g., epilepsy, multiple sclerosis). Specify: _____
- Cardiovascular condition (e.g., hypertension, hypotension, heart disorders, glaucoma). Specify: _____
- Mental health condition (optional sharing): _____
- Osteoarthritis / arthritis / rheumatic joint conditions: _____

Do you have any other important information to share about your current health condition?



5. Consent, touch & session safety

Preferred pressure (indicative): Gentle Medium Firm Variable Prefer not to answer

During the session, I prefer (multiple answers possible): *You may change your mind at any time during the session..*

- Regular verbal check-ins
- Little or no verbal exchange
- Being able to request pauses or adjustments if needed
- Prefer not to answer

6. Final declaration – Health, consent & session framework

*I understand that the service provided is an Ayurvedic support and bodywork practice, and that **it does not under any circumstances replace medical supervision, diagnosis, or treatment.***

*I confirm that I have read the contraindications indicated on the website, **and I undertake to contact the practitioner in the event of any sudden change in my state of health**, so that the session may be adapted or postponed if necessary.*

I understand the importance of hydration, rest, and observing any reactions following the session, and I undertake to contact the practitioner in the event of any unusual reaction.

I understand that this session is an experience focused on recovery and guidance, that it does not replace a complete Ayurvedic assessment, and that the bodywork will be chosen and adapted according to my condition.

I confirm that the information provided in this form is accurate to the best of my knowledge, and I freely consent to receive the body treatments as described.

Date : _____

Signature du/de la client(e) : _____



Réservé à la praticienne

Hypothèse de travail avant la séance

Observations générales lors de la séance

Type de soin : _____

Intention, toucher et rythme : _____

Dosha visé : _____

Dhatu visé : _____

Koshta visé : _____

Éléments à vérifier (non explicitement listés dans le questionnaire) :

Abhyanga

- Affections cutanées étendues inflammatoires
- Raideur importante des articulations

Shiropichu

- Hypotension marquée
- Hypersensibilité du cuir chevelu / allodynie
- État de surcharge sensorielle importante

Nadi Swedana, Valuka Sweda, Udwartana

- Déshydratation (très important)
- Varices importantes sur la zone traitée
- Inflammation articulaire aiguë
- Neuropathies ou perte de sensibilité locale
- Peau sèche, fragile ou réactive
- Hypersensibilité nerveuse / sensorielle (udv)

- Ama élevé avec faiblesse digestive marquée (udv)

Nasya

- Rhume / grippe / infection ORL même légère
- Juste après une sudation ou un bain chaud
- Glaucome
- Terrain sensible (anxiété aiguë, réactions vagales)

Karna Purana

- Douleur auriculaire aiguë, Écoulement de l'oreille
- Otite récente ou en cours, Chirurgie ORL récente
- Hypersensibilité auditive importante / acouphènes instables

