

## Bindi Dosha Analysis

Client name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List your Major Concerns (eg: aging, blemishes etc) : \_\_\_\_\_

**INSTRUCTIONS: Please tick any of the following that relate to you and then total the amount of ticks in each Dosha Category to determine which best relates to your well being.**

	<b>VATA</b>	<b>PITTA</b>	<b>KAPHA</b>
MY SKIN FEELS	<input type="checkbox"/> dry, thin rough, cold	<input type="checkbox"/> slightly oily, soft, hot,	<input type="checkbox"/> oily, moist, thick, cool
MY PORES APPEAR	<input type="checkbox"/> small and fine	<input type="checkbox"/> large on t-zone, fine or average elsewhere	<input type="checkbox"/> large and open
MY SKIN IS MARKED BY	<input type="checkbox"/> fine lines, veins	<input type="checkbox"/> broken capillaries freckles, moles	<input type="checkbox"/> blackheads, oiliness
MY PIGMENTATION HAS	<input type="checkbox"/> dark spots	<input type="checkbox"/> is reddish all over	<input type="checkbox"/> white/brown spots
MY SKIN IS PRONE TO	<input type="checkbox"/> dryness, dehydration esp. in cold weather	<input type="checkbox"/> inflammation, rashes & sunburn in hot weather	<input type="checkbox"/> acne, especially near mouth, chin, neck
MY NATURAL HAIR IS	<input type="checkbox"/> dry, thin, coarse, wiry frizzy	<input type="checkbox"/> moderate, fine, soft, reddish golden, premature grey	<input type="checkbox"/> thick, oily, wavy, abundant
IN ACTIVITY I CAN BE	<input type="checkbox"/> active, quick to start & stop, poor endurance	<input type="checkbox"/> moderate, average strength, intolerant of heat	<input type="checkbox"/> lethargic, slow to start but good endurance
I AM SENSITIVE TO	<input type="checkbox"/> dry, cold and wind	<input type="checkbox"/> heat and sun	<input type="checkbox"/> cold and damp
MENTALLY I CAN BE	<input type="checkbox"/> restless, active	<input type="checkbox"/> ambitious, motivated	<input type="checkbox"/> calm and cautious
I ALSO TEND TO BE	<input type="checkbox"/> quick to learn but poor long term recall	<input type="checkbox"/> disciplined, with good memory overall	<input type="checkbox"/> slow to grasp, but good long term recall
SOMETIMES I SUFFER	<input type="checkbox"/> low appetite, weight loss <input type="checkbox"/> kidney problems <input type="checkbox"/> menstrual cramps <input type="checkbox"/> muscle spasms <input type="checkbox"/> arthritic or lower back pain <input type="checkbox"/> constipation <input type="checkbox"/> intestinal gas	<input type="checkbox"/> hot flushes <input type="checkbox"/> acid stomach, ulcers <input type="checkbox"/> hemorrhoids <input type="checkbox"/> inflammatory disease <input type="checkbox"/> heartburn <input type="checkbox"/> liver disease <input type="checkbox"/> hypertension	<input type="checkbox"/> sinus congestion <input type="checkbox"/> coughs, colds <input type="checkbox"/> asthma <input type="checkbox"/> drowsiness <input type="checkbox"/> high cholesterol <input type="checkbox"/> weight gain <input type="checkbox"/> diabetes
I CURRENTLY SUFFER	<input type="checkbox"/> excessive dryness <input type="checkbox"/> dry eczema <input type="checkbox"/> scaly skin, psoriasis <input type="checkbox"/> discolouration/puffiness under eyes or feet <input type="checkbox"/> dandruff <input type="checkbox"/> cracks on palms or soles <input type="checkbox"/> wrinkles on forehead when anxious <input type="checkbox"/> premature wrinkles	<input type="checkbox"/> rashes, allergies, cold sores <input type="checkbox"/> burning eczema <input type="checkbox"/> acne rosacea <input type="checkbox"/> itching/burning of eyes, face due to water retention <input type="checkbox"/> whiteheads, wrinkles, laugh lines <input type="checkbox"/> excessive sweating <input type="checkbox"/> contact dermatitis dehydration, dryness near scalp or hairline <input type="checkbox"/> premature lines under eyes	<input type="checkbox"/> excessive oiliness <input type="checkbox"/> wet eczema <input type="checkbox"/> cystic acne <input type="checkbox"/> flabby, baggy skin <input type="checkbox"/> deep scars or stretch marks <input type="checkbox"/> weight gain <input type="checkbox"/> double chin <input type="checkbox"/> loss of skin tone
<b>TOTALS</b>	<b>VATA</b>	<b>PITTA</b>	<b>KAPHA</b>