ananda
yoga & healing arts center

Saliva Reading Information Sheet

Please print clearly and be as brief as possible. If more space is required, use the back of this sheet.

Name_____ Age_____ M_____ F_____

Address_____City _____ State_____ Zip _____

Complaints (Mental, Physical, Spiritual) _____

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Medical Diagnosis: (if available) _____

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What have you done about your condition?_____

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