

Rupam's Personal Consultation Intake Information

Thank you so much for requesting a personal consultation with Rupam!

Please call her directly at (415) 497-5141 to schedule your one hour session at the date and time that best fits your schedule. Rupam typically keeps Tuesdays, Wednesdays, and Thursdays at 9am and 3pm PT open for consultations. Please let her know if those days and times do not work for you.

At least 48 hours before your scheduled session, please email your most recent dental x-rays and/or pictures to Rupam directly at rupamhenry@yahoo.com If you do not have access to them, please call your dentist and request that they email the x-rays and/or pictures to Rupam.

Additionally, please send an email to her personal address listed above with as much detail as you are comfortable providing regarding your dental/physical/emotional/spiritual history. Below is a list of topics you may want to consider sharing in the email--the more information you provide before the consultation, the less time during the session must be devoted to getting to know you and Rupam can dive in right away! There is no such thing as "too much," so feel free to provide as much detail as comes to you. All information is received in a safe space of strict confidentiality and is viewed solely by Rupam.

Logistics

Rupam prefers to speak via phone call with U.S. residents and via WhatsApp (a fantastic free app!) for international sessions. If you prefer Zoom or Skype, please let Rupam know. Additionally, feel free to record your conversation together so that you can replay the session at a later date!

What would you like to focus on in your hour together?

Dental Health

- Do you currently or in the past have any of the following: braces, retainer, night guard, cavities, mercury/silver fillings or gum recession?
- Do you clench or grind your teeth?
- Do you experience tooth sensitivity to temperatures?

- Do your teeth stain easily?
- What is your home dental protocol--how do you clean your teeth? Do you floss? What dental care products do you use now or in the past?
- Do your gums bleed when brushing or flossing?
- Do you have any tooth pain?
- Are you happy with your teeth?
- Do you sleep with your mouth open?
- Do you experience sleep apnea?
- Do you like and trust your dentist?
- Is visiting the dentist stressful for you?

Lifestyle

- What does your diet look like on a typical day?
- Do you tend to prepare your own meals at home? How often do you eat out or consume already prepared meals?
- What is your daily water intake? Do you drink coffee, tea, soda, juice, sparkling water, alcohol, etc? If so, how often?
- How is your sleep? Do you fall asleep easily? Wake in the night? How many hours of sleep do you typically get each night?
- Do you exercise? If so, what is your preferred activity and how often?
- What emotion do you experience most frequently?
- Are you working with other health practitioners now or in the past? How has your experience been with them?
- Do you have a support/friend network?
- How do you generally spend your days?

- Do you enjoy your work?
- Do you have a partner? Children?
- What is your housing situation? Does anyone live in the home with you?
- What brings you joy?
- How do you practice self-care? How do you cope with stress?
- Where/How in your body do you experience stress?
- On a scale of 1-10, what would you rate your typical stress level as?
- Are you comfortable with your current financial situation?
- Are you familiar/comfortable with the Chakra system?
- Do you have a spiritual practice?
- What do you know of your ancestral lineage?

Health

- What medications/supplements do you take regularly now or in the past?
- Do you live with any chronic conditions?
- Have you been told that you live with an auto-immune disease?
- Have you ever been diagnosed with Epstein-Barr/Herpes(any strain)/Strep/Shingles/Mono/Hepatitis C/Lupus/Hashimoto/Lupus?Lyme, etc?
- Have you experienced any personal traumas or know of any in your ancestral lineage?
- Do you have any allergies?
- Do you frequently experience digestive upset? Acid reflux? Gas and/or bloating?

- Do you digest fats easily?
- How frequently do you have bowel movements?
- Do you have a history of bladder infections?
- Have you broken any bones?
- Do you experience asthma or other lung conditions?
- Do you know your blood type?
- How is your heart health and blood pressure? Do you experience palpitations or other heart-related symptoms?
- Do you know if your system carries excess inflammation?
- Do you ever experience numbness or tingling in your extremities?
- For those with wombs, how are your monthly cycles? Do you bleed? Experience cramping? Are you peri- or post-menopausal?
- Do you tend to run hot or cold?
- Do you have a history of sinus infections?
- Does your skin tend to be more oily or dry?
- Do you experience any skin conditions such as rashes, acne, eczema, rosacea, psoriasis, etc?
- Do you experience night sweats?
- To your knowledge, have you been exposed to any environmental toxins/mold?
- Do you smoke Tobacco or Cannabis?
- Do you use any recreational drugs/alcohol now or in the past?

The above is a long list of questions—don't become overwhelmed! Use the questions as prompts and answer as many or as few as feels appropriate and comfortable to you. Thank you for trusting Rupam with your history and personal information--she looks forward to getting to know you!