



Ayurveda Wellness Healing

“Blockage is disease. flow is health”

AYURVEDIC HEALTH CONSULTATION

Statement of informed consent

I, _____, the undersigned, request Ayurveda consultations with Ayurveda Wellness Healing for the purpose of educating myself on Ayurveda’s approach to wellness in order to enhance my health condition.

I understand that Ayurveda Wellness Healing studied Ayurveda for 500 hours and holds a certificate from:

- Kerala Ayurveda Academy

I understand that Ayurveda Wellness Healing is NOT A LICENSED MEDICAL PRACTITIONER OR HEALTH CARE PROFESSIONAL in the United States of America.

I further understand that I am accepted for participation in this consultation or any further consultations in the future date by Ayurveda Wellness Healing based on the representations and agreements made by me and set forth below:

1. I fully understand that the sole purpose of this Ayurveda Wellness consultation is for Ayurveda Wellness Healing to assess the level of balance in my physiology according to the principles of Ayurveda, and to educate me on the Ayurvedic approach to enlivening the body’s natural healing processes and restore balance.
2. I understand that this consultation and any recommendations are not a substitute for medical examination, diagnosis and treatment for any disease, mental or physical., and I will not modify or suspend any treatment program that I am receiving, without the knowledge and approval of my family physician or medical specialist.
3. I understand that any herbal food supplements recommended for me are not drugs. I understand that some herbal food supplements may interact with some allopathic medications; therefore I will consult my physician before taking any herbal food supplements.

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ARTICLE IX, U.S. CONSTITUTION

“The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in health educational services. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by any therapist, doctor, or practitioner of my choice. The enumeration in this declaration of these rights shall not be construed to deny or disparage

other rights retained by me, or my right to amend this declaration at any time.

Signed: _____ Date: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact Person's Name _____

Relationship _____

Phone Number: _____

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