Client Information and Consent Form

Name_____Date_____

Age_____Date of Birth_____Male ☐ Female ☐ Height_____Weight_____

Address_____

City_____State_____Zip_____

Phone (Day)_____(Evening)_____

Cellphone_____(Fax)_____

Email_____Occupation_____

Marital Status_____Referred By_____

Incase of Emergency Contact Name_____

Phone(Day)_____Evening_____Cell_____

•Do you Smoke☐Yes ☐No •Do you Drink Alcohol☐Yes ☐No •Drug Addiction☐ Yes ☐ No •Are you Spiritual☐Yes ☐No

I have voluntarily scheduled an Ayurvedic consultation with Vaidya Mrs. Vasudha Gupta /American Ayurveda. I understand that this and any future consultation/s by Vaidya Mrs. Vasudha Gupta and American Ayurveda and any assessment or information ensuing thereform is of holistic nature and for general education, relaxation and stress reduction purposes only. No claim to medical diagnosis, treatment or cure is inferred or implied. I understand that this consultation and any recommendations or other applications should not be construed as a substitute for medical examination, diagnosis or treatment. I have been advised to consult a physician or other qualified medical specialist for any physical or mental ailment or complaint that I have. I understand that an Ayurvedic consultation may include assessment of doshic conditions and related dietary, herbal or lifestyle references which are given from a traditional Ayurvedic perspective only, and that any suggestions or recommendation is in no way intended as a prescription for any condition. I understand that Ayurvedic practitioners are not qualified to diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of any session should be construed as such. I understand that my healing process requires my active participation and is my own personal responsibility. The products, claims and recommendations given in all consultation/s have not been evaluated by US FDA. I understand that I have a choice to buy the recommended products from any vendor that I feel comfortable with. If I choose to use product/s sold/manufactured by American Ayurveda during any consultation/s it will be out of my own free will and that I shall be responsible to research and find the efficacy and safety of the products and its ingredients. I understand and agree that, to maintain the safety and integrity of American Ayurveda products, they are sold on final sale basis and are not returnable under any circumstances. I hereby permit Vaidya Mrs. Vasudha Gupta and American Ayurveda to access, view, make photo copies and indefinitely store my medical and any other health related information as they deem fit for their records for this and all future consultations. I hereby release and discharge Mrs. Vasudha Gupta, American Ayurveda, its owners, employees, agents and associates from any and all liabilities, actual and potential, arising from any or all such consultation/s and use of recommended/sold products. I also indemnify and hold harmless Mrs. Vasudha Gupta, American Ayurveda, its owners, employees, agents and associates from any and all claims made by other individual/s or entities for this or any consultation/s and use of recommended/sold products. I also understand that due to the nature of service and products provided by American Ayurveda all charges paid to American Ayurveda are non refundable.

By signing below I affirm that I have read, understood and agree with the paragraph/s above.

Client Name:_____
(Please Print)

Client Signature:_____Date:_____
(Please Sign) (MM/DD/YYYY)

My Daily Routine

List all options that you might have for each meal

Breakfast_____

Inbetween_____

Lunch_____

Inbetween_____

Dinner_____

At Bedtime_____

List all the Medicine, Vitamins, Herbs you are taking

1._____2._____

3._____4._____

5._____6._____

7._____8._____

9._____10._____

Reason For Consultation:

Fee Schedule

	In Office / In Person	Virtual (Zoom) or Phone Consultation
1st Consultation (About 1 Hour)	$200*	$150*
Follow Up (About 1 Hour)	$150*	$100*
Based on your health issues and body type Herbal Supplements will be recommended and made available for you to purchase at additional costs.		
* Consultation fees subject to change without notice.		

Please fill, sign and send this form back either by email to americanayurveda@gmail.com or via SMS to 212-202-0225
Address for in person Consultation: American Ayurveda, 1623A Hillside Ave, New Hyde Park, NY 11040

Client Signature:_____Date:_____
(Please Sign) (MM/DD/YYYY)