



AYURVEDIC CONSULTATION AGREEMENT FORM

Client Information

Date _____

Last Name _____ First Name _____ MI _____

Date of Birth _____ Age _____ Male _____ Female _____

Height _____ Weight _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Day Phone _____ Eve. Phone _____

Cell Phone _____ Work Phone _____

E-Mail Address _____

Occupation _____

Emergency Contact Name _____ Relationship _____

Day Phone _____ Eve. Phone _____

Referred by: _____

I understand that this consultation and any assessment or information ensuing there from is for general education, relaxation and stress reduction purposes only, and that no claim to medical diagnosis, treatment or cure is inferred or implied. I further understand that this consultation and any recommendations or other applications should not be construed as a substitute for a medical examination, diagnosis and treatment, and that I should see 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 other lifestyle references. That these are given from a traditional Ayurvedic perspective only and that any suggestions or recommendations are 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.

Ayurvedic Practitioners are facilitators of an ancient art of Ayurveda. This system, is designed to bring the body back into balance, using holistic methods. It requires a good partnership between the practitioner and the client. Ayurveda fully supports and works well in conjunction with all other medical treatments. The goal is to assist the client on their own journey, not to take them away from their current treatment plan. We treat the client as a whole person and work with the client on all the levels that ayurveda has to offer.

I understand that this consultation is an opportunity for the client and the practitioner to see if Ayurveda and Yoga Therapy would be a good fit for the client.

If the client intends to move forward, beyond the consultation, the client understands that the consultation fee is to be collected prior to the first session. The consultation session is between 90-120 minutes in length. The consultation fee is \$120.

Each session after the consultation is \$90. The client and practitioner will set up a schedule that is appropriate for both parties. The sessions are generally 1 hour in length. Payment can be made via Venmo or Zelle to: leapinglotusfit@gmail.com

If the client needs to cancel a session, the Practitioner requires 24 hours in advance, with no charge for the session. Less than 24 hrs. notice, the client is responsible for 50% of the session cost.

The client and practitioner agree to meet virtually at a specific time and date for each session. The practitioner will provide a virtual link for each session.

Each session is completely confidential between the client and the practitioner. The practitioner, under no circumstances will share information.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____