Appointment Date & Time:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone—Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital/partner status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of children:\_\_\_\_\_\_\_Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us why you have chosen to have an Ayurvedic Consultation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT YOU CAN EXPECT FROM YOUR AYURVEDIC HEALTH CARE**

Ayurveda is a natural healing system that has been successfully practiced for thousands of years. Originating in ancient India, this medical tradition states that each person’s path toward optimal health is unique--because each person is unique.

The healing programs we offer at Daley Ayurveda are based on effective, time- honored principles that focus on understanding your particular body-mind constitution and the unique nature of your imbalance.

Your program may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aroma therapy, meditation techniques, yoga therapy, shirodhara, and other natural therapeutics. In order to successfully implement these Ayurvedic principles into your life, frequent regular follow- up visits with your practitioner are recommended over a six- to twelve-month period. The goal of all Ayurvedic programs is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself.

***Patient’s Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Date:***\_\_\_\_\_\_\_\_\_\_\_

*PATIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Section One Intake-1***

**INFORMED CONSENT***to authorize Complementary or Alternative Health Care through* ***Daley Ayurveda***

***All Patients who participate in Ayurvedic health care through this program should be advised of the following information:***

1. Practitioners of Daley Ayurveda are not trained in Western diagnosis or treatment and may not make suggestions about altering your medical care.
2. Daley Ayurveda practitioners may not recommend altering your prescriptions without the approval of your medical doctor. Practitioners may suggest that you speak to your doctor about reducing medication when he/she feels that it is appropriate.
3. In the State of NY, Ayurveda is a non-licensed profession.
4. If you are suffering from a disease or symptom that has not been evaluated by a Medical Doctor or another licensed health care professional, we recommend that you receive a proper evaluation and may provide you with a referral form. If your practitioner refers you to a Medical Doctor, you will be required to go or sign an acknowledgment that one was recommended to you.
5. While your practitioner may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, your practitioner is evaluating their findings from an Ayurvedic perspective only and not from a Western medical perspective. **This examination does not take the place of a medical evaluation.** If, as a result of their examination, any findings suggestive of a possible medical imbalance are found, your practitioner will refer you to a Medical Doctor for further evaluation.
6. I understand that my practitioner may take photographs of my face, hands, tongue, and body (with clothes). These photographs are used for research and educational purposes and may be used in case presentations by the practitioner with respect to confidentiality. Please note that your name and personal information will never be used in the case presentation or published in any public format. By signing below, you give your permission to Daley Ayurveda to use the information in your chart, including photographs of the face, hands, tongue and full body (with clothes), for research and/or educational purposes.
7. I have read and understand the above information and give my permission to begin a program of Ayurvedic Healthcare with a Clinical Ayurvedic Specialist of Daley Ayurveda.

Patient's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PATIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Section One Intake-2***

**CONFIDENTIAL PATIENT HISTORY**

**FINANCIAL POLICY AGREEMENT**

1. There is a $150 charge for each initial consultation with a Clinical Ayurvedic Specialist. This includes an additional 45-minute Report of Findings visit.
2. There is a $85 charge for each follow-up visit with a Clinical Ayurvedic Specialist.
3. Your customized program often incorporates herbal formulas designed by the CAS.  There is a charge for herbal formula design, preparation and shipping.
4. Payment for herbs and consultations may be made by cash, check, Venmo, PayPal.
5. Daley Ayurveda does not bill insurance companies for services or herbs.
6. If you miss an appointment with your CAS without giving 24 hours notice, there is a $50.00 fee.
7. I have read and understood the financial policies of Daley Ayurveda.

Patient’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**(1) PAST MEDICAL HISTORY***Please list any major condition(s)* ***and*** *dates of diagnosis, treatment, and procedures performed.*

a. Are you under the care of a licensed health care professional in the last year? Yes No If so, for what reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Serious illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c. Hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d. Operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. List other pertinent current or past conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Have you had any cosmetic surgery or procedures performed?Yes No

If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g. Are you pregnant?Yes No

*PATIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Section One Intake-3***