

GOLDEN LOTUS AYURVEDA

310-736-8584

◆ **CLINICAL AYURVEDIC SPECIALIST** ◆

DHYANA HABER

Appointment Date & Time: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone—Home: _____ Cell: _____ Work: _____

E-mail: _____ Birthdate: _____ Age: _____

Marital/partner status: _____ # of children: _____ Ages: _____

Occupation: _____

How did you hear about Golden Lotus Ayurveda? _____

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

FINANCIAL POLICY AGREEMENT

1. There is a \$__90__ charge for each initial consultation with Dhyana .
2. There is a \$__60__ charge for each follow-up visit with Dhyana..
3. Payment for herbs and consultations may be made by check or Cash only.
4. Dhyana does not bill insurance companies for services or herbs.
5. If you miss an appointment with Dhyana without giving 24 hours notice, a \$50.00 fee is charged to your account.
6. I have read and understood the financial policies of Golden Lotus Ayurveda.

Patient's Signature: _____ Date: _____

INFORMED CONSENT

to authorize Complementary or Alternative Health Care through Satva Ayurveda

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

1. Golden Lotus Ayurveda is not a Medical Clinic.
2. Dhyana is not trained in Western diagnosis or treatment and may not make suggestions about altering your medical care. Dhyana is not a medical Doctor.
3. 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 Dhyana refers you to a Medical Doctor, you will be required to go or sign an acknowledgment that one was recommended to you.
4. Dhyana will not recommend altering your prescriptions without the approval of your medical doctor. Dhyana may suggest that you speak to your doctor about reducing medication when she feels that it is appropriate.
5. While Dhyana may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, Dhyana is evaluating her 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 is found, Dhyana will refer you to a Medical Doctor for further evaluation.

I have read and understand the above information and give my permission to begin a program of Ayurvedic health care with Dhyana.

Patient's Signature: _____ Date: _____

CONFIDENTIAL PATIENT HISTORY

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 Golden Lotus Ayurveda are based on effective, time-honored principles that focus on understanding your particular body-mind constitution and the unique nature of your imbalance.

Each individualized program is formulated by Dhyana who has completed at least 600 hours of instruction at California College of Ayurveda and a one year government approved college Diploma in India. Your program may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aroma therapy, massage therapy, and other natural therapeutics. In order to successfully implement these Ayurvedic principles into your life, frequent regular follow-up visits with Dhyana 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: _____

Today's Date: ____________

(1) PAST MEDICAL HISTORY

*Include major conditions **and** dates of treatment and procedures performed.*

a. Serious illnesses: _____

b. Hospitalizations: _____

c. Operations: _____

d. List other pertinent past conditions: _____

e. Have you been under the care of a licensed health care professional in the past year? Yes No

If so, for what reasons: _____

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

If so, please list with dates: _____