

**Lisa Schrempp- Ayurvedic Consultant** [www.lisaschrempp.wordpress.com](http://www.lisaschrempp.wordpress.com)

**INFORMED CONSENT FOR Ayurvedic TREATMENTS AND CONSULTATIONS**

I hereby request and consent to the performance of all procedures within the scope of the practice of Ayurvedic treatments, including but not limited to, herbal treatment, dietary and lifestyle consultation and recommendations, and other physical procedures, on me (or on the client named below, for whom I am legally responsible) by Lisa Schrempp .

There are some risks to treatment. If physical procedures such as nasya, steam, massage or heat therapies are used, risks include but are not limited to fatigue, headache, sore throat.

I do not expect Lisa Schrempp to be able to anticipate and explain all risks and complications. I wish to rely on her to exercise judgment which she feels at the time is in my best interest, based upon the facts then known, during the course of the procedure.

I understand that I have the choice to accept or reject the proposed treatment or any part of it, before or during the diagnosis or treatment.

I understand that Lisa Schrempp is not providing Western (allopathic) medical care, and that I should look to my Western primary care practitioner (*i.e.* MD) for those services and for routine check-ups.

I understand that the estimated number of times I may need to return for treatment will be determined after the initial visit or phone consultation, and Lisa has not committed to any treatment/consultation other than the initial visit or consultation.

I understand that the estimated frequency of treatment/consultation will be determined after the initial visit or phone consultation.

I have had an opportunity to discuss with Ms. Schrempp the nature and purpose of Ayurvedic treatments and consults. I understand that results from any treatment are not guaranteed.

I understand that all phone consultation(s) with Lisa Schrempp are for educational purposes, as introductions to Ayurvedic approaches to health.

**I have read the above information, or have had it read to me. I've had the opportunity to discuss the above information with the Lisa. I understand this information.**

**Patient's Name (please print)**

**PATIENT SIGNATURE:**

**X**

(Or Client Representative) **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Indicate relationship if signing for client)