**Informed Consent for California Senate Bill SB-577 Compliant**

Welcome to my Ayurvedic Practice.

I, Kamalkant S. Bambhania, am an Ayurveda practitioner (B.A.M.S.). I am not a licensed physician, nor is Ayurveda practice licensed by the state. In order to use my services, California State law requires that you acknowledge receiving of the information provided in this form and that you sign it, keep a copy for your-self, and that I keep the one you give me for at least three years. Please complete, sign, and email all pages of this document to kamal@sandiegoayurvedahealing.com.

My method of service is an alternative complementary healing art that is licensed by the State of California, under **Sections 2053.5** and **2053.6** of **California’s Business** and **Professions Code.**

The idea behind “Ayurvedic lifestyle, detox counseling and health education” is as follows: *Ayurveda therapy begins with an internal purification process, followed by special diet, herbal remedies, and bodily rejuvenations. The concept of universal inter-connectedness, the body constitutions [Manas (Psyche) and Sharir (Physique) Prakriti (Constitution)] and the life forces (Doshas) are the primary basis of Ayurvedic Medicine System.*

Goal of treatment is to aid the person’s health by eliminating impurities, reducing symptoms, increasing resistance to diseases, reducing worries, and increasing harmony of nature to life and feeling of well- being. Herbs, plants, minerals, oils, ghee and spices are extensively used in Ayurveda therapy. Some herbs (herbal combinations), as well as purification processes may prove useful in creating Homeostasis, the natural environment of the mind & body, that promotes health in the most acute and chronic illness and eradicates disease processes from root.

* Ayurveda lifestyle modifications and education is an "alternative“ or "complementary" educational approach to health and wellness which focuses on achieving the appropriate balance required for optimal health in the areas of: lifestyle (diet & nutrition, physical fitness, etc.), mental well-being (stress reduction, healthy relationships, etc.), and spirituality (religious beliefs, personal philosophies, character development).
* Your program may include lifestyle adjustments, dietary changes, herbal remedies, massage therapy, and other natural therapeutics. In order to successfully implement these Ayurvedic principles into your life, frequent regular follow-up visits are recommended over a six-to-twelve-month period.
* If you are suffering from a disease or symptom that has not been evaluated by a *medical doctor*, or a *licensed* health-care professional, *I recommend receiving a proper evaluation first and ask that you provide a referral form*. If I refer you to a medical doctor, you will be **required** to go or sign an acknowledgment that one was recommended to you.
* As part of the consultation, I may conduct muscle strength testing, pulse diagnosis; I may take your blood pressure and vital signs and perform some examination techniques similar to a routine medical examination. I am evaluating the findings from an Ayurvedic perspective only and not from a Western medical perspective. **This examination does not take the place of a medical evaluation.**

NOTE: I HANDLE ACUTE AS WELL AS CHRONIC CONDITIONS I.E. FLU, COLD, SORE THROAT, MINOR ACCIDENTS, ETC. AYURVEDA IS OFTEN USED FOR EMERGENCY PURPOSES, WITH LIFE THREATENING CONDITIONS TREATED FIRST AT YOUR LOCAL EMERGENCY ROOM AT THE HOSPITAL. AT ANY TIME, SHOULD YOU FEEL YOUR HEALTH IS IN DANGER, YOU SHOULD SEEK IMMEDIATE ATTENTION FROM YOUR PHYSICIAN.

*(PLEASE PRINT NEATLY IN BLACK or Blue INK)*

**Appointment: Date \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_AM / PM**

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| --- | --- |
| Name:  |  |
| Address: |
| City, State, Zip: |
| E-mail: |
| Phone #: | Birthdate: | Age: |
| Marital Status: | No. of children: | Age(s): |
| Occupation: |
| State the goals you wish to accomplish through your Ayurveda Consultation:  |

I have read and understand the above disclosure about Ayurvedic Counseling Services offered by Kamalkant Bambhania and his training and education. I have discussed with Kamalkant Bambhania the nature of the services to be provided. I understand that he is not a licensed physician and that Ayurveda services are not licensed by the state. I intend to offer health information to help you cooperate with a competent medical doctor (MD) in your mutual quest for health. In the event you use this information without your medical doctor’s (MD’s) approval, you prescribe for yourself – then Kamalkant Bambhania assumes no responsibility. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by him.

**Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

(Indicate capacity to sign if other than client)

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REMARK IF ANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

For more information visit: <http://www.californiahealthfreedom.com>

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