

KARRI JINKINS, AYURVEDIC HEALTH COUNSELOR, YOGA TEACHER

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Consent to Ayurveda Wellness Counseling

The undersigned, an adult desiring Ayurvedic treatments administered by Karri Jinkins, Ayurvedic Health Counselor, yoga teacher, hereby acknowledges the following:

1. That Ayurveda Wellness Counseling involves careful constitutional analysis (requiring personal information), diet and lifestyle counseling, herbal therapies, meditation, and breathing therapies. Sessions may include one or more of the following detoxification methodologies:

A. Clinical dietary changes.

B. Fasting and cleansing therapies which will include intestinal laxatives/purgatives, enemas.

C. Lepas: externally applied herbal poultices

D. Herbal Therapies: internal and external applications of botanical products in the form of decoctions and herbally medicated oils used as enemas, purgatives, and for the general detoxification of the body.

2. That Ayurveda Wellness Counseling may include referrals for body treatments (massage, marma, abhyanga, shirodhara, etc), and panchakarma detoxification methods of treatment which can vary depending upon the Counselor's judgment.

3. That Ayurveda is a procedure which was developed thousands of years ago and has been used in India and other parts of the world, but at present is not universally taught in medical schools in the United States. However, advanced Ayurvedic training programs are taught in schools of Ayurveda in the US.

3. I understand that the administration of Ayurveda Wellness Counseling could directly or indirectly result in minor adverse effects and or temporary discomfort including, but not restricted to, lightheadedness, dizziness, nausea, emesis (strategic vomiting), purgation (strategic intestinal evacuation), loose stools, fatigue and hopefully bliss while experiencing and/or recovering from the above detoxifying and purgative procedures.

4. I further acknowledge that I am not seeking or undergoing Ayurveda Wellness Counseling sessions as a result of any inducement or representation or promises made by the Ayurveda Wellness Counselor or any other person in the office. I wish to proceed freely and voluntarily with such sessions and authorize Karri Jinkins, Ayurvedic Health Counselor, Yoga teacher to proceed with such sessions with the full and informed consent on my part of all the relevant facts as set forth in this consent form. This consent shall apply to my initial and all subsequent Ayurveda counseling sessions.

I have read the above information, or have had it read to me. I understand this information.

Patient's Name: (please print) X _____

Client's Signature: X _____

(Or Parental Representative)

Date: _____ / _____ / _____ (Indicate relationship if signing for patient)