



GREEN TULIP HEALTH & WELLNESS, LLC
Nourish, Balance & Transform with Ayurveda

Disclaimer:

The individualized treatment session/s offered by Vibha Rana of Green Tulip Health & Wellness LLC does not take the place of a medical evaluation, diagnosis, or treatment and Vibha will not diagnose any medical conditions or provide medical care. Results of treatments and coaching vary and depend upon many factors including the individual's current state of body, mind, and commitment to Ayurvedic principles. Ayurvedic treatments by Vibha do not guarantee the results of any individual coaching, dietary supplement, lifestyle change, or the recommended Ayurvedic program as a whole.

All information provided at the time of service is entirely educational in nature and is to be used at your own risk. I strongly advise you to consult with your primary care physician if you have any specific health issues e.g. chronic conditions, high blood pressure, prescription drugs and/ or any other that may contradict with the services, and whether these sessions are even right for you.

Upon booking an appointment, you acknowledge to have read the disclaimer and agree to take full responsibility in accepting the service. You agree to hold Vibha Rana of Green Tulip Health & Wellness, LLC free from any liability when receiving this service. The sessions can be stopped at any time if the client and the consultant decide they are no longer effective or needed.

As your Ayurveda Wellness Consultant it is my utmost responsibility towards my profession and my client/s that I protect his/her health information/s provided to me via the respective forms, during the in office, phone or zoom sessions and by emails. The information collected for this purpose will never be shared with another entity and will be protected.

Consultant Signature:

Vibha Rana

Client's Signature & Date:

Ayurveda Body Work Intake Form

Client Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Age _____ Sex _____ Marital Status _____

Weight _____ Height _____ Occupation _____

Emergency Contact? _____

Eergency Contact Phone _____

How did you hear about us? _____

1. How would you rate the current state of your health? Excellent - Good - Fair - Poor

2. Are you currently under a doctors care? Explain: _____

3. For women, are you pregnant? If yes, how long? _____

4. List other therapies besides conventional medicine or chiropractics in which you are

currently participating: _____

5. Are you taking any medications? If so, what is the reason? _____

6. List any previous major illnesses, accidents, surgeries, or broken bones?

7. Are you experiencing any problem with your feet? If so, explain: _____

8. Where is the tension felt most in the body? _____

9. Have you experienced reflexology before? If so, when? _____

10. Do you have any specific goals or expectations for your sessions?

Green Tulip Health & Wellness Consent/ Disclaimer form for Reflexology, Indian Head Massage & Ear Candling Sessions

REFLEXOLOGY, INDIAN HEAD MASSAGE, EAR CANDLING (Please circle one that applies to your visit) IS NOT A SUBSTITUTE FOR MEDICAL CARE AND SHOULD NOT BE CONSIDERED AS A CURE FOR ANY MEDICAL CONDITION/S. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM(S) AND HAVE NOT SEEN YOUR MEDICAL DOCTOR, I RECOMMEND THAT YOU DO SO TODAY BEFORE SCHEDULING AN APPOINTMENT WITH US.

By signing this form, I give my consent to Green Tulip Health & Wellness, LLC for a session. (Please mention the name of the therapy you are receiving)

I understand that the _____ therapy given to me is solely for the purpose of stress reduction, pain reduction, relief from muscle tension, increasing circulation and overall well being. The practitioner has provided me with a brief general description of the therapy that I have signed for and is entirely educational in nature.

I understand that the practitioner may use various tools such as hot stones, steamed towels and warm oils to induce deep relaxation during the course of the therapy

I understand that _____ therapy session is not a substitute for medical care and that it is recommended that I work with my primary physician for any condition I may have. I understand that the practitioner does not diagnose illness or disease and does not prescribe, change or makes any suggestions to discontinue any medical treatment or prescriptions. Spinal manipulations are also not a part of the therapy session/s.

Signature

Date

Print Name