



reena r. patel md, inc

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## Ayurveda Consultation Acknowledgment and Agreement

In scheduling a health and wellness consultation with Dr. Reena R. Patel, I acknowledge and understand that:

1. This consultation will be based on the principles of Maharishi Ayurveda, a complementary alternative approach to health, and that **this consultation and any information I may gain from it are different from and NOT a substitute for modern medical evaluation and treatment or for preventive testing (such as blood tests, Pap smears, colon screening, mammograms, and any other appropriate screening tests)** \_\_\_\_\_ (initial here, please).

I understand that Maharishi Ayurveda uses a unique system of evaluation and health-promotion based on the concepts of balance, three doshas, and overall tissue health. I understand that the purpose of the consultation will be to assess the level of balance in the physiology and to make recommendations based on the Maharishi Ayurveda health approach to help enliven the inner intelligence of the body and restore balance to the system.

2. **I understand that this consultation and recommendations I will receive are not for the purpose of diagnosing or treating any disease that I may have.** \_\_\_\_\_ (initial here, please).

I further understand that it is not within the scope of this consultation, or follow-up consultations I may receive, for Dr. Reena R. Patel (626-765-7852) or her staff to assume responsibility for my primary health care or the treatment of specific health problems. I understand that what I will be receiving will be advice as to holistic diet, lifestyle choices, food supplements, and other natural approaches to creating balance. \_\_\_\_\_ (initial here, please).

3. I understand that any herbal food supplements that I may be recommended have not been evaluated by the Food and Drug Administration nor are these approved by the FDA for the prevention, diagnosis, treatment or cure of any disease condition.

4. **I understand that the pulse evaluation I will receive is for the purpose of assessing overall balance and is NOT for diagnosing the presence or absence of any particular disease.**

5. **I agree to consult with my regular family physician regarding all matters pertaining to my primary health care, including any prescription medication or modern medical treatment that I may be taking.** \_\_\_\_\_ (initial here, please)

6. I understand that the Maharishi Ayurveda programs have been developed in part by Ayurvedic experts and scholars associated with universities or other institutions, and that Dr. Reena R. Patel, if needed may consult with such experts in developing the health recommendations I receive. However, I recognize and agree that any advice or recommendations I receive are being provided to me solely by Dr. Reena R. Patel and by no other person or organization.

7. I recognize that no claims or guarantees have been made to me regarding specific medical benefits or improvements in my medical condition[s].

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_