Treatment Consent & Health Update

For returning clients. Please complete before each appointment so we can treat you safely.

> *You have already completed a full health questionnaire with us. This short form simply confirms that nothing important has changed since your last visit. Complete on screen and email to contactus@theayurchikitsa.com, or bring it with you.*

Prefer to fill this in online? Complete the form at theayurchikitsa.com

Your details

Full name

Appointment date

Time

Service or therapy booked

Date of last visit

Health update since your last appointment

Has there been any change to your general health or diagnosis? ☐ Yes ☐ No

Has there been any change to your medication or supplements? ☐ Yes ☐ No

Have you developed any new allergy or sensitivity? ☐ Yes ☐ No

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Have you had any recent surgery, injury, fracture or infection? ☐ Yes ☐ No

Did you experience any reaction or discomfort after your last treatment? ☐ Yes ☐ No

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Thank you for allowing us to support your journey towards balance, health and holistic wellbeing.

Is there anything you would particularly like us to focus on today?

Consent

- [ ] I confirm that the information above is accurate, and that I have disclosed any change to my health, medication, allergies or circumstances since my last appointment.
- [ ] I understand that this is a complementary wellbeing service and not a substitute for medical diagnosis, treatment or emergency care, and I will not stop or change prescribed medication as a result of it.
- [ ] I understand that I may ask questions, request adjustments to pressure, temperature or draping, decline any part of a treatment, or withdraw my consent at any time.
- [ ] I consent to receiving the treatment agreed with the practitioner today.

Signatures

Client

Full name (please print)	Signature	Date

Practitioner

Full name (please print)	Signature	Date