

Soni Radiance

Ayurveda Wellness Consultation

Initial Intake Form

Name: _____ Date: _____

Date of Birth: _____ Occupation: _____

Address: _____

Email: _____ Phone: _____

Emergency Contact Name and Number: _____

Primary reason for the appointment:

Past Medical History (Include all major conditions, dates of treatment, and procedures performed):

Serious Illness: _____

Hospitalizations: _____

Operations: _____

List other past conditions: _____

List if currently receiving any other complementary care and from licensed healthcare professional:

Client's Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(If client is under the age of 18)

Soni Radiance: Ayurveda Wellness Consult Waiver and Release Form

I _____ hereby consent to and authorize Dipti Soni to provide Ayurvedic consultations for overall wellness and healing. I understand that Ayurveda is a holistic compliment to western medicine. It is not a substitute for a medical diagnosis or the services of a physician or other licensed health care provider. Ayurveda does not provide conventional medical disease diagnosis or prescription drugs, devices, or substances. Dipti Soni will not advise that anyone discontinue a course of care or prescription drug that was prescribed by a licensed health-care professional. The FDA has not evaluated the herbal supplements that may be recommended, and herbal supplements are not intended to diagnose, treat, cure, or prevent any disease.

I state that I am over the age of 18. I state that I understand and agree to all the above statements and do not, and will not, hold Dipti Soni responsible for any liability. I understand that Dipti Soni is not a medical doctor, or doctor of Osteopathy.

Client's Signature: _____ Date: _____

If client is under the age of 18 (a minor) a parent or guardian must sign for consent to treat the client.

Minors Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to client: _____ Signature: _____

Soni Radiance - Missed Appointment, Cancellation, & Refund Policy

Soni Radiance understands that your time is valuable, and the time set aside for your appointment is fundamental in your healing process. To respect your time and the time of other patients **there is a requirement of a 48-hour advanced notice of cancellation or change in appointment.** Soni Radiance understands that things can come up last minute but, **last-minute cancellations and no shows WILL BE subjected to a \$50 fee.**

I understand that if I am unable to keep a scheduled appointment and need to cancel, I must give 48-hours advanced notice. If less than a 48-hour advanced notice is given I understand I will be charged a \$50 fee. Please initial: _____

I understand that if I fail to show up to my scheduled appointment and no attempt to call and cancel or reschedule is made then the appointment is considered a “no call, no show” and I will be charged a \$50 fee. Please initial: _____

I understand there are no refunds or returns on fees associated with appointments, packages, or products (herbal supplements, herbal oils, chakra stones, etc.).

Please initial: _____

To provide advanced notice about a cancellation please call at (602) 456 0849 or email at soniradiance@gmail.com

I agree to the above statements.

Client signature: _____ Date: _____

If client is under the age of 18 (a minor) a parent or guardian must sign for consent to treat the client.

Minors Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to client: _____ Signature: _____