

Authorization For Maharishi Ayurveda Wellness Discussion

1. I understand and agree that:
 - a. I have requested Dr. Nancy Lonsdorf discuss various perspectives and options regarding my health and wellness with me. I understand that I am advised to review with my personal physician any options that are discussed before implementing any in my health program. I understand that this is not a medical consultation and that I will not be Dr. Lonsdorf's patient on the basis of this discussion session.
 - b. This Maharishi Ayurveda Wellness Phone Discussion (the "Discussion") is based on the principles of the Maharishi Ayurveda program, an alternative approach to health that uses a unique system of evaluation and health based on concepts of balance, three doshas and overall tissue health.
 - c. The purpose of the Discussion is to provide an assessment of the level of balance in the physiology and to provide recommendations based on the Maharishi Ayurveda program to help enliven the inner intelligence of the body and restore balance to the system (the "Recommendations").
 - d. The Discussion and Recommendations (including dietary and lifestyle choices, food supplements and internal cleaning programs, which are for the purpose of restoring overall balance) are not for the purpose of diagnosing the presence or absence of or treating any disease or other specific health problem that I may have, and Dr. Lonsdorf is not assuming responsibility for treatment of any such health problems.
 - e. 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.
2. I understand and agree that this Discussion and any information I may gain from it differ from modern western medical approaches to health, which include specific methods of evaluation, treatment (including the prescribing of medications and other forms of medical treatment) and preventive testing; decisions regarding my use of such approaches are my own responsibility; nothing in this Discussion is designed to discourage me from continuing with or seeking out such approaches; and I will not use any information gained from this Discussion as a basis for ceasing or modifying my use of any such approaches.
3. I hereby acknowledge that no claims or guarantees have been made to me in any way in connection with the Discussion regarding specific medical benefits or improvement in my medical condition.
4. I agree that data of any narrative report of the benefits I receive from the Discussion may be used in research or promotional reports, but that my name will not be used without my consent.
5. I have received a written description of the nature and limitations of this practice, entitled "Consultations in Maharishi Vedic Medicine" and have read and understand the content within.

Signature: _____ Date: _____

Name (Please print) : _____

Address: _____ City _____ State _____ Zip _____

PLEASE SIGN THIS FORM BY HAND AND FAX BACK TO 315-546-2146 OR SCAN AND EMAIL BACK BEFORE YOUR SCHEDULED TELEPHONE CONSULTATION. THANK YOU!