



CALIFORNIA COLLEGE OF AYURVEDA
 700 Zion Street • Nevada City, CA • 95959
 Phone: (530) 478-9100 • Fax: (530) 478-9105

• CLINICAL AYURVEDIC SPECIALIST •

Appointment Date & Time: _____ Practitioner Name: Marisa Laursen, CAS, PKS

Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone—Home: _____ Cell: _____ Work: _____
 E-mail: _____ Birthdate: _____ Age: _____
 Marital/partner status: _____ # of children: _____ Ages: _____
 Is there a possibility that you are pregnant? Yes No Possible
 Occupation: _____
 How did you hear about the California College of Ayurveda Health Clinic? _____
 What is your primary objective in working with a Clinical Ayurvedic Specialist? _____

(PLEASE WRITE NEATLY IN BLACK INK ONLY)

FINANCIAL POLICY AGREEMENT

1. There is a \$125 charge for each consultation with Marisa Laursen. This includes the Initial Consultation, Report of Findings, and each follow-up visit.
2. Your customized program often incorporates herbal formulas. There is a charge for herbal formula design, preparation and shipping (if needed). The CAS will order all herbal formulas on your behalf.
3. Payment for herbs and consultations may be made by major credit card or check, payable to CCA. The College does not provide monthly billing services.
4. The College does not bill insurance companies for services or herbs.
5. If Pancha Karma services are recommended and provided at the College Health Clinic, payment for those services is made through the College when the appointments are scheduled.
6. If you miss an appointment with your CAS without giving 24 hours notice, a \$25.00 fee is charged to your account.
7. I have read and understood the financial policies of the California College of Ayurveda.

Patient's Signature: _____ Date: _____

PATIENT NAME: _____

INFORMED CONSENT

to authorize Complementary or Alternative Health Care through the
CALIFORNIA COLLEGE OF AYURVEDA CLINIC

***All Patients who participate in Ayurvedic health care through this program
should be advised of the following information:***

1. The California College of Ayurveda is not a Medical College.
2. Clinical Ayurvedic Specialists (C.A.S.) employed by the California College of Ayurveda are not trained in Western diagnosis or treatment and may not make suggestions about altering your medical care.
3. Dr. Marc Halpern, the founder and director of the California College of Ayurveda, is a Chiropractor and a Specialist in Ayurvedic Medicine. He is not a Medical Doctor.
4. In the State of California, Ayurveda is a non-licensed profession. Its practice was formally legalized under the passage of Senate Bill 577 in January 2003.
5. If you are suffering from a disease or symptom that has not been evaluated by a Medical Doctor or another licensed health care professional, we recommend that you receive a proper evaluation and may provide you with a referral form. If your C.A.S. refers you to a Medical Doctor, you will be required to go or sign an acknowledgment that one was recommended to you.
6. Neither your C.A.S. nor anyone in association with the California College of Ayurveda may recommend altering your prescriptions without the approval of your medical doctor. Your C.A.S. may suggest that you speak to your doctor about reducing medication when he/she feels that it is appropriate.
7. While your C.A.S. may take your blood pressure and vital signs, and perform some examination techniques similar to a routine medical examination, the findings will be evaluated from an Ayurvedic perspective only and not from a Western medical perspective. **This examination does not take the place of a medical evaluation.** If, as a result of the examination any findings suggestive of a possible medical imbalance is found, your C.A.S. will refer you to a Medical Doctor for further evaluation.
8. By signing below, you give your permission to the California College of Ayurveda to use the information in your chart for research purposes. (NOTE: No patient names, addresses, phone numbers, or email addresses are included in the research records.)

I have read and understand the above information and give my permission to begin a program of Ayurvedic health care with a C.A.S. at the California College of Ayurveda.

Patient's Signature: _____ Date: _____

PATIENT NAME: _____

CONFIDENTIAL PATIENT HISTORY
CALIFORNIA COLLEGE OF AYURVEDA
 Clinic- or Community-Based Internship Program

WHAT YOU CAN EXPECT FROM YOUR VISIT

Ayurveda is a natural healing system that has been successfully practiced for thousands of years. Originating in ancient India, this medical tradition states that each person's path toward optimal health is unique--because each person is unique. The healing programs we offer at the California College of Ayurveda clinic are based on effective, time-honored principles which focus on understanding your particular body-mind constitution and the unique nature of your imbalance.

Each individualized program is formulated by a graduate who has completed at least 600 hours of instruction at the *California College of Ayurveda*, and has completed advanced training as an Clinical Ayurvedic Specialist intern. Your program may include lifestyle adjustments, dietary changes, herbs, color therapy, sound therapy, aroma therapy, massage therapy, and other natural therapeutics.

The goal of all Ayurvedic programs is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself.

Patient's Signature: _____

Today's Date: ____________

CAS Name: Marisa Laursen

Initial Appointment: ____________

ROF Date: ____________

(PLEASE WRITE NEATLY IN BLACK INK ONLY)

(1) PAST MEDICAL HISTORY

Include major conditions, dates of treatment and procedures performed.

a. Serious illnesses: _____

b. Hospitalizations: _____

c. Operations: _____

d. List other pertinent past conditions: _____

e. Have you been under the care of a licensed health care professional in the past year? Yes No

If so, for what reasons: _____

f. Have you had any cosmetic surgery or procedures performed? Yes No

If so, please list with dates: _____

PATIENT NAME: _____