



Ojai Lymphatic Therapy

WHOLISTIC LYMPHATIC HEALTH
bodywork . diet . lifestyle

Welcome!

As you know, I am an educator of Ayurveda, a 5000-year-old system of medicine or wisdom of healthy living. I am not a licensed physician, nor are my services licensed by the province. Ayurveda is a way of natural healing and emphasizes maintaining the harmony of body-mind-spirit through diet, lifestyle, and natural herbs. In Ayurveda the emphasis is not on the disease but on maintaining the balance of the individual's constitutional nature, so Ayurveda treatments are never one size fits all, but custom tailored for each individual. As a practitioner of Ayurveda and Yoga I will provide you assessments and recommendations in the following areas:

- Constitutional Analysis
- Diet and Lifestyle Counselling
- Exercise
- Yoga – Asana, Mindfulness, Meditation and Breathing Techniques
- Herbal Supplements
- Ayurvedic Bodywork

Our method of treatment in Ayurveda is alternative or complementary to conventional medicine. If you ever have any concerns about the nature of your recommendations, please discuss them with me. I recommend you inform your medical doctor that you are working with an Ayurvedic a Yoga practitioner.

I am so happy to be sharing this Journey with you.

Alicia Morris Soto

CONSULTATION WAIVER

I _____ am seeking health guidance and hereby attest to the following: (please initial each of the following)

1. I fully understand that Alicia Morris Soto is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures. _____

2. Suggestions and treatments offered for my own well-being, to help manage and strengthen my general health and vital energy and are not intended to take the place of qualified professional medical care. _____

3. I may learn the differences between medical diseases and the balancing of life energy, which deals with health factors that are within my own control. I may elect to consult a physician prior to seeing Alicia, or I may decide my concern about medical conditions does not call for seeing a physician at this time. I realize and agree that I alone am responsible for my health and well-being. _____

4. I understand that assessment and suggestions regarding diet, herbal supplementation and remedies, offered here or elsewhere are based upon the observations through Ayurveda and are not intended to replace standard medical treatment or advice from licensed health care professionals. _____

5. I agree that all nutritional supplements, herbs, extracts, remedies, etc. are taken at my own risk. As with any ingested substance, allergic reaction is a possibility in some individuals. I have been informed of the risks and consequences involved. I agree that I and my heirs, guardians, legal representatives and assigns will not make claim or file any action against Alicia Morris Soto (Nourish/ Holistic Solutions Consulting) for injury or damage resulting from negligence or other acts, whatsoever, caused in connection with my consultation. I also understand that Alicia Morris Soto (Nourish/ Holistic Solutions Consulting) will not be held responsible for errors/ ingredients on the part of any manufacturer or supplier of products offered here or elsewhere. _____

6. Any information shared in sessions is confidential and will not be disclosed to any party, be they family or medical provider. However, for educational purposes it may be shared anonymously with mentors and colleagues. _____

5. I hereby waive, release and discharge Alicia Morris Soto (Nourish/ Holistic Solutions Consulting) from all actions, claims or demands I, my heirs, guardians, legal representatives or assigns, now have, or may hereafter have for injury or damage resulting from my participation in my consultation/ assessment or recommendation. _____

I have carefully read this agreement and fully understand the content. I am aware that this is a waiver and release of potential liability and a contract between Alicia Morris Soto (Nourish/ Holistic Solutions Consulting) and sign it of my own free will.

(Signature)

(Date)

(Printed Name)

(Witness Signature)

(Printed Name)

(Date)