Ayurveda and Panchakarma Consent

Informed consent. The vaidya fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

VAIDYA NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

THERAPIES

DAYS

START DATE

PACKAGE COST (₹)

Panchakarma may include oil massage (abhyanga), sweating (swedana), therapeutic vomiting (vamana), purgation (virechana) and enema (basti). The vaidya will explain each therapy and the diet and rest rules that go with it.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Tiredness, loose motions, nausea or weakness during purification
- Skin reaction to oils
- Dehydration if fluids are not kept up
- Worsening of symptoms before improvement

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- Oral Ayurvedic medicines only
- Modern medical treatment

Your health

Are you on any allopathic medicines?

○ No ○ Yes

Are you pregnant or menstruating?

○ No ○ Yes

Do you have heart disease or high blood pressure?

○ No ○ Yes

ALLERGIES, CURRENT MEDICINES, OR DETAILS OF ANY "YES"

☐ I will follow the prescribed diet, rest and medicine schedule and will not stop allopathic medicines without asking my own doctor.

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The vaidya has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Vaidya

SIGNATURE

PRINTED NAME

DATE