



# CIANN MASI

*Ayurveda/Naturopathy/Intuitive Medicine*

## CONFIDENTIAL CLIENT HISTORY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone—Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_ Age: \_\_\_\_\_

Time of birth: \_\_\_\_\_ Place of childhood: \_\_\_\_\_

Marital/partner status: \_\_\_\_\_ # of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Blood type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

How did you hear about our practice?: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

## FINANCIAL POLICY AGREEMENT

- There is a \$995.00 charge for each initial consultation.
- There is a \$255.00 charge for each follow-up visit.
- Visits may be paid in Cash, Check or pre-paid via Credit Card only.
- Your customized program often incorporates herbal formulas. There is an additional charge for herbal formula design, preparation, and shipping.
- Our office does not bill insurance companies. A superbill may be provided for reimbursement.
- Payments are due when appointments are scheduled.
- All appointment cancellations require a 48 hours notice.
- If you cancel your scheduled visit without a 48 hour notice or do not show to your appointment, the full amount of your scheduled visit will be billed to your account.
- I have read and understood all financial policies.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LIFE IN BALANCE

Welcome to the integrative practice of Ciann Masi! My mission is to help you achieve a deeper sense of balance and well-being by addressing your unique needs and constitution. Through our work together, I aim to enhance your self-awareness and support your natural ability to maintain health. My goal is to empower you with the tools and knowledge needed to make choices that foster a harmonious and fulfilling life. I'm here to guide you toward greater balance and a richer appreciation of everyday moments.

## Outline of Services

### Initial Consultation:

**In-Depth Assessment:** I will review your physical, mental, energy, and sensory routines, assess your core balance, and identify areas where you might benefit from adjustment.

**Introduction to Your Personalized Approach:** You will learn how your unique constitution influences your health and discover the principles that will guide your journey.

**Tailored Plan:** Together, we will develop a personalized plan that may include meditation, yoga, dietary adjustments, and breathing exercises, all tailored to support your specific needs.

### Ongoing Support:

**Regular Check-Ins:** I will offer follow-up sessions to monitor your progress, provide support, and adjust your plan as needed.

**Continuous Guidance:** I will provide ongoing advice to help you integrate new practices into your daily routine and adapt to any changes along the way.

## Understanding the Process

My approach is centered on creating and maintaining balance by addressing your unique needs and adapting to life's changes. While you may see some immediate benefits, achieving lasting balance and well-being is a gradual process. I understand that life is dynamic, so the program encourages ongoing adjustments based on seasonal changes, emotional shifts, and other factors.

This process requires your active involvement and commitment. While I will offer guidance and support, your dedication to incorporating these practices into your daily life is essential. Small, consistent changes can lead to significant improvements in your overall health and well-being.

I look forward to supporting you on this journey, helping you achieve a balanced and fulfilling life with enhanced well-being and a renewed sense of self.

Client Signature: \_\_\_\_\_

Office: \_\_\_\_\_

## INFORMED CONSENT

**Informed Consent to Receive Ayurvedic Health Care through Ciann Masi:**

**All clients participating in alternative health care should be advised of the following:**

**The goal of all programs is to create within your body and mind an optimal environment for healing and to enhance your body's natural ability to heal itself through the principles of Ayurveda and Intuitive Medicine. My mission is to empower and educate individuals to take charge of their own health, fostering a state of energy, joy, and appreciation for life.**

**I, \_\_\_\_\_, hereby agree to the following:**

**Participation Acknowledgment:** I am participating in alternative health programs, yoga classes, or workshops offered by Ciann Masi. During these sessions, I will receive information and instruction about alternative health, nutrition, and/or yoga. I acknowledge that yoga and related activities require physical exertion that may be strenuous and could cause physical injury. I am fully aware of the risks and hazards involved.

**Medical Responsibility:** I understand it is my responsibility to consult with a physician prior to and regarding my participation in any alternative healthcare programs, yoga classes, or workshops. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in these activities.

**Assumption of Risk:** In consideration of being permitted to participate in these programs, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of my participation.

**Waiver of Claims:** In further consideration of being allowed to participate, I knowingly, voluntarily, and expressly waive any claims I may have against Ciann Masi for any injury or damages sustained as a result of my participation in the programs.

**Release of Liability:** I, my heirs, or legal representatives, forever release, waive, discharge, and covenant not to sue Ciann Masi for any injury, physical or emotional harm, or death caused by negligence or any other act.

**No Medical Diagnosis:** Ciann Masi is not trained in Western diagnosis or treatment and will not suggest alterations to my medical care.

**No Medical Doctor:** Ciann Masi is not a Medical Doctor (M.D.).

**Ayurveda Legal Status:** In the United States, Ayurveda is a non-licensed profession. Its practice was formally legalized under Senate Bill 577 in January 2003. I state that I come to Ciann Masi with the intent of seeking information and not with the purpose of entrapment. If I am a member of any medical or regulatory agency, I will identify myself as such before the appointment begins.

**Referral for Medical Evaluation:** If I am suffering from a disease or symptom that has not been evaluated by a Medical Doctor or other licensed health care professional, I am advised to seek proper evaluation and may be provided with a referral form. If referred to a Medical Doctor, I will either go for evaluation or sign an acknowledgment that such a referral was recommended.

**Medication and Prescriptions:** Ciann Masi will not alter any of my prescriptions without the approval of my Medical Doctor. Recommendations may be made to consult my Doctor about reducing medication if deemed appropriate.

**Holistic Evaluation:** Although Ciann Masi may take my blood pressure and vital signs and perform examination techniques similar to a routine medical examination, these evaluations are conducted from an Ayurvedic or holistic perspective and do not replace a medical evaluation. If any findings suggest a possible medical imbalance, I will be referred to a Medical Doctor for further evaluation.

**Arbitration Agreement:** I agree that any disputes or claims arising from my participation in the programs will be resolved through binding arbitration in accordance with the rules of the American Arbitration Association. I understand that this agreement to arbitrate waives my right to a trial by jury.

**I have read the above informed consent and release of liability. I fully understand its contents and voluntarily agree to the terms and conditions stated above.**

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Practitioner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Please take a moment to find a quiet space and reflect on these questions. Use this time to consider areas of your life that may benefit from more attention. If needed, feel free to use a separate sheet of paper.***

What activities or practices currently bring you a sense of peace, health, and balance?

What do you hope to achieve from your Ayurvedic Consultation?

- a)
- b)
- c)

In what areas of your health, life, or relationships (with yourself and others) do you feel you're lacking freedom, balance, or joy?

Which aspects of your life are you most interested in balancing?

Imagine achieving your ideal relationship, where your body, mind, and overall well-being are in perfect harmony. What would your life look like? How would you feel? What changes would you notice? Please describe this ideal vision.

What specific results are you hoping to achieve?

What are your goals for your mental and emotional well-being?

What emotions do you currently experience most frequently (e.g., anxiety, stress, joy, contentment)? What positive emotions or states would you like to experience more often?

Are you currently interested in exploring a spiritual path or do you already have one? If so, what are your goals or visions for your spiritual life?

What would you need to change to have the results you want? How much of yourself are you willing to offer to your partner? What would this look like?

How would you describe your partner?

How do you see your relationship in 1yr, 3 yrs, 5 yrs, 10 yrs?

How would you describe the intimacy in your current relationship? Are you happy? What would you like to see change?

How would you describe your communication style? Do you feel you communicate effectively?

How would you describe your partners communication style? Do you feel heard?

How can I best support you in achieving harmony and balance in your current relationship?

What changes or sacrifices might you need to make in order to achieve your desired outcomes?

When you experience feelings of overwhelm or despair, how do you typically react? What does this experience look or feel like for you, and where does your mind tend to go during these times?

## CHIEF CONCERNS

What are your main concerns at this time? Please order by importance.

PRIMARY CONCERNS	OFFICE NOTES

## **Relationship History**

How did you meet?

What attracted you to each other initially?

Describe your relationship's major milestones (e.g., engagement, marriage, children).

Have there been any significant events or changes in your relationship (e.g., moves, job changes, losses)?

## **Current Relationship Dynamics**

What are your main reasons for seeking Ayurvedic couple sessions at this time?

What specific issues or conflicts are you currently experiencing?

How do you typically handle disagreements or conflicts?

What are your strengths as a couple?

Are there recurring patterns or cycles in your conflicts?



## **Individual Concerns and Goals**

What are your individual goals?

Are there any personal issues or stressors affecting your relationship (e.g., work stress, health issues)?

How do each of you feel about the current state of your relationship?

What do you each hope to achieve from Ayurvedic counseling?

## **Communication and Interaction**

How do you generally communicate with each other?

Are there communication styles or habits that you find challenging?

How often do you spend quality time together?

## **Family and Social Context**

Describe your relationships with each other's families.

Do you have a support system (friends, family) outside of your relationship?

Are there any significant influences from your family backgrounds affecting your relationship?

### **Previous Therapy and Support**

Have either of you or both of you previously attended couples session or individual therapy?

If yes, what was the focus of the session and what was the outcome?

Are you currently receiving any other forms of support (e.g., counseling, support groups)?

### **Additional Information**

Is there anything else you believe is important for me to know?

Do you have any concerns or reservations about this process?