CLIENT APPLICATION & INFORMED CONSENT FORM

Please complete this form clearly and accurately.
Information is used for case review, suitability assessment, session planning, and related communication.

WhatsApp	Email	Service
+91 77802 89209	sundar27prasad@gmail.com	Traditional non-medical wellness approach

1. Personal Information

Full Name _____ **Age** _____ **Gender** _____

Phone Number _____ **Email** _____

Address _____

Emergency Contact Name _____ **Phone** _____

2. Health & Medical Background

Primary Health Concern / Condition

_____

Duration of Condition

_____

Doctor's Diagnosis (if known)

_____

Previous Treatments / Therapies / Rehabilitation

_____

Current Medications

_____

Surgeries / Major Illnesses / Injuries / Allergies

_____

3. Health Information & Reports Submission

Please provide relevant information, if available or requested for assessment:

- ☐ MRI / CT reports or films
- ☐ Doctor / hospital diagnosis
- ☐ Relevant medical reports
- ☐ Blood test reports
- ☐ Discharge summary
- ☐ Body-movement videos

Submit via WhatsApp: +91 77802 89209

4. About the Wellness Approach

- Sundar's Ancient Healing provides a traditional, non-medical wellness approach using external activation, pressure-based techniques, body response, balance, and supportive movement.
- No oral medicines, injections, or surgical procedures are provided as part of this wellness service.
- The service is intended to support general body function, mobility, balance, comfort, and overall wellness response.
- **This wellness service does not diagnose, treat, cure, or prevent any disease or medical condition.**
- Clients should continue medical care and prescribed medicines unless advised otherwise by their qualified treating doctor.
- **The session may involve significant pressure and may cause temporary discomfort, tenderness, redness, soreness, or pressure marks. The intensity and duration can vary from person to person.**
- The client may ask the practitioner to reduce pressure, pause, modify, or stop the session at any time.
- The practitioner may request medical clearance before proceeding and may decline, modify, postpone, or discontinue a session when appropriate.

Important Medical Safety

This service is not a substitute for medical diagnosis, medical treatment, physiotherapy, rehabilitation, surgery, or emergency care. Seek appropriate medical attention for new, severe, or worsening symptoms.

5. Legal Disclaimer & Informed Consent

- [ ] I understand that this is a traditional, non-medical wellness service.
- [ ] I understand that it does not replace medical diagnosis, treatment, physiotherapy, rehabilitation, surgery, or emergency care.
- [ ] I have disclosed relevant diagnoses, surgeries, medications, allergies, and medical history to the best of my knowledge.
- [ ] I understand that individual responses vary and no specific result, recovery time, cure, or outcome is guaranteed.
- [ ] I understand that sessions may involve firm pressure and temporary discomfort, tenderness, redness, soreness, or pressure marks.
- [ ] I understand that I may request reduced pressure, modification, a pause, or discontinuation of the session at any time.
- [ ] I agree to seek appropriate medical attention if new, severe, unusual, or worsening symptoms occur.
- [ ] I understand that I should not stop or change prescribed medication or medical treatment because of this wellness service without medical advice.
- [ ] I understand that the practitioner may request medical clearance and may decline, modify, postpone, or discontinue a session when appropriate.

6. Client Informed Consent

I voluntarily consent to participate in the traditional wellness sessions offered by Sundar's Ancient Healing. I confirm that I have read and understood this form and have had the opportunity to ask questions.

Client Name _____ **Date** _____

Client Signature _____

Guardian / Authorized Representative (when applicable)

Name _____ **Relationship** _____

Signature _____ **Date** _____

Client acknowledgement: By completing and signing this form, I confirm that the information I have provided is accurate to the best of my knowledge and that I have had the opportunity to ask questions before participating.

7. Practitioner Section

Practitioner Name / Case Reviewed By _____

Assessment Date _____ **Session / Slot Recommended** _____

Special Precautions / Medical Clearance Required

Practitioner Signature _____ **Date** _____

Important Notes

- Prior booking is required; availability may be limited.
- Suitability is assessed individually; complex cases may require additional review.
- Follow-up may be recommended depending on condition and response.
- No guaranteed cure, recovery period, or specific outcome is offered.

Form Submission

After completing the form, the client may send the completed PDF together with relevant reports and requested movement videos through WhatsApp for review before the assessment.

WhatsApp: +91 77802 89209

OPTIONAL PHOTO / VIDEO / TESTIMONIAL CONSENT

This consent is separate from the wellness-service consent. Choosing not to authorize media use will not affect eligibility for assessment or wellness sessions.

Client Name: _____

Optional authorization:

☐ **I AUTHORIZE** Sundar's Ancient Healing to use photographs, videos, audio, or testimonial statements that I have approved for educational, awareness, website, social-media, or promotional purposes.

Optional limitations or special instructions:

Client / Authorized Representative Signature: _____

Relationship to Client (if applicable): _____

Date: _____

Practitioner / Staff Record

Received By: _____ **Date:** _____

Sundar's Ancient Healing | WhatsApp: +91 77802 89209 | Email: sundar27prasad@gmail.com