

STATEMENT OF UNDERSTANDING

I understand that Krista Carleton is an Ayurvedic Consultant and Certified Reflexologist who will provide me with information with an Ayurvedic approach to health care, which may affect my diet and health in a positive way. I understand that Krista Carleton is not a medical doctor or licensed medical practitioner, has not presented themselves as such, and does not seek to diagnose, treat or prescribe for disease, disorder or other pathological conditions. I agree that I am interested in enhancing my own abilities to heal and establish health in mind and body, and this is the reason I have sought Ayurvedic consulting services, and/or Reflexology treatment(s). I agree that I may consult a licensed physician for any concern, at any time, about any disease or pathology, which may exists or arises at any time during my professional relationship with Krista Carleton.

Furthermore, I understand that Krista Carleton encourages regular medical checkups from a licensed medical professional of my choice, and that any medication that I am now taking upon my licensed physician's advice, or will take in the future, is taken strictly according to my licensed physician's directions. Furthermore that only a licensed physician of my choice can advise on medication dosages or the discontinuance or resumption of such medication.

My signature below acknowledges the above statements as fully read and understood.

Client's signature _____

Date _____