

Dear Guest;

Welcome to Sedona Wellness. You have taken a step towards health and healing that will deepen yourself awareness and how you care for your mind body and spirit. We are honored to have the opportunity to guide you on this journey and it is our personal goal to give you the greatest gift, health, wellness and vitality.

Your practitioner and instructor Lorrie Lawrence, Certified Chopra Center instructor, Ayurvedic Practitioner and staff will assist you in fulfilling any needs during your stay. If you have any questions about the program, please contact Lorrie at (929) 300-8018 info@sedona-wellness.com

Please review and complete the enclosed forms and email them to us within 2 weeks of your arrival.

These forms will be reviewed by our practitioners to determine which therapies and supplements will be appropriate for you. Additionally, in the case of more acute medical conditions, your most recent medical reports and lab results (not more than 6 months from date of program begin) must be acquired from your general practitioner, and emailed two weeks prior to your arrival.

Please arrive one hour prior to check-in. Refer to the attached daily schedule to have an overview of your stay. You will be participating in daily yoga, meditation, educational information, nurturing and detoxifying Ayurvedic therapies, rest and relaxation and daily cleanse drinks and nutrition.

We look forward to your visit,

In Health and blessings

Lorrie Lawrence and the caring staff of Sedona Wellness.

Please sign in agreement and return with your attached intake form and medical paperwork.

Name (please print) _____

Signature _____ Date _____

Health information form

Date of program/services _____ Today's date _____

Name _____ Age _____ Gender _____

Occupation _____

Complete address _____

Phone _____ Cell _____ Fax _____

E-mail address _____

Have you ever had an Ayurvedic consultation? _____ Massage? _____

When and where _____

Have you ever attended any Chopra Center programs or received Ayurvedic treatments?

Marital status _____ No. of children _____ Ages _____

Emergency Contact _____ Relationship _____ Phone _____

Treating Physician _____ Phone _____

What are your main Health concerns _____

Primary reason for attending this program _____

Current Medications _____

Supplements _____

Known Allergies _____

Significant past illnesses/surgeries _____

Tobacco use _____ Alcohol _____ Caffeine _____

History of psychological therapy _____

Current wellness practices _____

Pregnant _____ Nursing _____ Last menstrual cycle _____

Do you have any of the following health problems? If yes, please circle and describe

- Ulcers
- Liver disease
- Cancer
- Hypertension
- Chronic fatigue
- Allergies
- Colitis
- Diabetes
- Stroke
- Skin disorders
- Candida
- Chronic infection or Sexually transmitted disease
- Hemorrhoids
- Multiple sclerosis
- Hypo/hyper glycemia
- High cholesterol
- Asthma
- Thyroid
- Inflammatory bowel
- Heart disease
- Gall bladder disease
- Auto immune disorder

How would you describe your overall state of health?

Please use this space to provide additional information about your wellbeing that you would like your practitioner

To be aware of:

In order to receive a service, please read the following information, sign and date.

I have informed my therapist of any condition which could affect the health and wellness of myself or my therapist during this treatment. I do not hold Sedona Wellness, LLC, or its entities liable for any adverse affects from services rendered, products or equipment used, while receiving treatments, consultations or accommodations. Sedona Wellness LLC, their locations, Lorrie Lawrence or staff are not responsible for damage, loss or theft of personal property or to my person. I understand that services, consultations, follow-up, cancellations and all other requests I may have will be paid for at date and time of service, unless otherwise designated.

I affirm that I have read the above information and that I am 18 years of age or older

Signature _____ Date _____ E-mail _____