

## CONSENT FORM BEFORE STARTING online TREATMENT:

I, (name, age, sex) ....

have been explained properly and agreed with the following points in conscious mind state without any influence of any person or object and discuss with my parents (if minor or mentally dependent)/ spouse (if married & staying together) / did not discuss as I am mature enough to take such decision (>18years/as per country rule where the person resides) before starting my association for treatment:

- The basic of my treatment will be counseling including associate life style & diet advice.
- Some medication & nutrient will be/might be advised as per described sufferings.
- No emergency, No acute serious status & No surgical intervention will be handled.
- Communication for advice depends on technical normalcy, network & net availability.
- Any emergency & drug reaction, I've been advised to contact nearest hospital at earliest.
- No guaranty of every call to be picked up by the Physician/Counselor and generally all problem related discussion will be taken place as per mutually agreed prior fixed time.
- No 100% guaranty of recovering from any illness or achieving any goal has been assured.
- I properly understand that this is my body, my mind, my dignity, my eagerness, my priority, my active role ~ and I am the ultimate to decide others including physician/counselor only to inform the way/guide me, for betterment of my body & mind.
- I am ready to accept whatever consequence will come as after effect of treatment.

Sign:

Address:

Date:

Place:

I Card No. :

(scan of Aadhar card/national I Card attached)

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(By proceeding for payment you have agreed with terms and condition written above)