[Clinic / Hospital name]

[Address] · [Phone] · Reg. No. [ ]

Panchakarma Consent Form

Patient name: _____ OPD / IPD No.: _____

Age / Sex: _____ Date: _____

Doctor: _____ Diagnosis: _____

Procedure(s) advised

☐ Vamana ☐ Virechana ☐ Basti (Niruha / Anuvasana) ☐ Nasya ☐ Raktamokshana ☐ Other: _____

Purvakarma: ☐ Snehapana ☐ Abhyanga ☐ Swedana Planned days: _____ From: _____ To: _____

Declaration

I consent to undergo the Panchakarma procedure(s) advised above, including Purvakarma (preparatory therapies), Pradhanakarma (the main procedure) and Paschatkarma (diet and care afterwards, including Samsarjana Krama).

The doctor has explained to me, in a language I understand:

- the purpose of the procedure and the expected benefit
- how it is done and how many days it takes
- possible discomforts, such as nausea, vomiting, loose motions, fatigue or temporary weakness
- the diet and activity rules I must follow during and after the procedure
- other treatment options, including not having the procedure

I have told the doctor about my illnesses, medicines, allergies and (if applicable) pregnancy. I will report any unusual symptom immediately. My questions have been answered, and I understand I may withdraw this consent at any time.

Language explained in: ☐ Marathi ☐ Hindi ☐ English ☐ Other: _____

Signature / thumb impression of patient	Name and relation (if signed by guardian)
Doctor's name and signature	Witness name and signature

Sample format from the AyurHealthPlus blog. Adapt it to your clinic and procedures, and check it against your state's current rules. It is not legal advice.