

## Informed Consent and Mutual Understanding

TO THE PATIENT: Once this document has been reviewed with you verbally, please read it in its entirety prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

**It is not necessary or encouraged to discontinue treatments with other physicians or healthcare providers. If you are on any current medication or nutritional supplementation- it is your responsibility to inform changes in your condition, symptoms, contact information, or treatments between visits.**

You are encouraged to contact Anti-Aging and Regenerative Assoc. at anytime with health related questions as this is a team effort and every effort will be made to keep you focused on your ultimate goal of optimal health.

The doctors are currently licensed and insured in the state of Florida. Each procedure/ lifestyle modification/treatment holds both risks and benefits. Your case will be thoroughly evaluated to avoid some of these negative reactions and customized to your unique health status; but no guarantees can be assured regarding the outcomes of treatment(s) or procedure(s) nor are they implied. **For distance consultations:** *Due to the nature of this consult a primary care provider is necessary to perform a physical exam on your current major complaint that you are seeking advice from Anti-Aging and Regenerative Assoc.* Because of the nature of phone visits and internet consultations there is the inability to perform physical examination during these visits thus you need to have a complete physical exam by a local primary care physician or other healthcare provider and you need to try to provide very complete information and an accurate description of any physical ailments. For skin rashes and other visible problems, digital photos sent by email are helpful and will aid in the assessment. You must also appreciate that a full evaluation may not be possible but that in most instances we can share sufficient information to proceed with safety and effectiveness.

### **Nutrition Informed Consent:**

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean:

"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."

A Vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy. Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented or be classified as a drug by anyone. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support overall health and well-being. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking. Adverse reactions are rare, and may include, but are not limited to: bloating, nausea, vomiting, rash, fatigue, diarrhea, constipation, headaches and dizziness. If any of these or other symptoms appear, please discontinue immediately and talk to Anti-Aging and Regenerative Assoc., or in case of emergency, go to your local urgent care facility/Hospital. Many times adjustments in

dosages and or timing is all that is needed to alleviate these symptoms. Keep in mind also; there is often an initial "Herxheimer" reaction. This was first described by a German physician of the same name. He observed that as patients started to fulfill a need nutritionally, or emotionally, often a "detox" would start to happen as the body adjusts to metabolic pathways becoming functional again. This is usually temporary and may last a few days to several weeks.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body.

Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatment.

### **Distance Consultations**

Due to the nature, distance consultations carry their own unique risks. It is required you consult with a local physician in conjunction with any care recommended which includes but is not limited to exercises, supplementation and dietary/lifestyle changes. A physical exam is strongly recommended to be performed prior to any consultation. Should any emergency arise, call 911 immediately.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.**

I have read the above explanation of the chiropractic adjustment and related treatment. The doctor has discussed this document with me as it pertains to my specific case and has answered all my questions to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Patient Name (print) \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Name (print) \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_