

## **Cancer Patient - Informed Consent to Treat**

## Dear Patient,

My malpractice insurance carrier requires that I have you sign this form if I am treating you for cancer related issues. In an effort to avoid confusion for you and/or your loved ones, I request that you read and sign this form. If you need additional opportunity to ask me all the questions that you have and discuss all your concerns regarding our goals and intentions related to your treatment, let me know.

In general, naturopathic and Chinese medicine can be used to help cancer patients in the following ways: supportive care for symptom management and side effect reduction from conventional surgery, chemotherapy, radiation therapy and oral cancer medications; in some cases, the modalities used may also help enhance the efficacy of the conventional therapies; the modalities used may help by modulating the immune system, supporting the function of organ systems, promoting detoxification and elimination of toxins, helping to protect healthy cells, and enhancing the body's natural ability to promote healing. Other potential benefits of naturopathic and Chinese medicine treatments and modalities may include improved response to stress, emotional well-being, improved sleep and energy.

There are plants, nutrients and therapies that may help the immune system to do its natural cancer fighting activity. Some therapies or agents used have been found in research studies in vitro, in animals and/or in humans or in individual cases to kill cancer cells, limit the risk of cancer spread (angiogenesis) and enhance the quality of life of those receiving them. There are however, no double-blind, placebo controlled studies that prove that using naturopathic or Chinese medicines and therapies will extend the length of life of those with cancer or that prove or imply that these methods cure cancer. Due to the inherent lack of research in this area, I cannot predict or guarantee that following my suggestions will change the outcome of your cancer prognosis. I will however, support you in your quest for improved health of your body's systems and hope to give your body, mind and spirit the best opportunity for healing on whatever level that will be for you.

In addition to the benefits of changing your diet and exercising or any of the other lifestyle things we may discuss, there are always risks such as altered blood chemistry, change in bowel or bladder function, allergies, injuries, etc. that may arise. I expect that if these were to occur that you would let me know. While taking vitamins, minerals, herbs, homeopathics and other nutritional supplements have relatively few side effects and toxicities, there is always a risk of negative reactions such as allergies or unpleasant side effects. To help avoid these, always inform me as to what prescription and over the

counter medications you are taking, all medical conditions, allergies and negative reactions to drugs, supplements, herbs and other therapies and never start more than one new product in one day. Just like any medication, If you experience an unpleasant or concerning effect from anything that I recommend to you, please call my office. If you were to have the rare, serious negative effect such as severe blood pressure rising, severe relentless headache, heart palpitations, chest pain, shortness of breath, dizziness or loss of consciousness, please call 911 immediately.

If you are receiving acupuncture here, I will review the risks of that procedure separately and have you sign another form for that service. The risks of doing energy balancing or CranioSacral Therapy include most often temporary emotional changes or feelings, dizziness, headache, feeling 'spacey', lethargy, the return of old symptoms or suppressed memories as well as a deep feeling of relaxation and potential relief of many other symptoms for which we are doing it.

By signing this form you are agreeing that you understand the potential benefits, risks and outcomes related to receiving naturopathic and/or Chinese medical care from me for mental, emotional and physical symptoms related to having or having had cancer.

I look forward to continuing to work with you.

Sincere regards,

Dr. \_\_\_\_\_\_\_N.D. Date:\_\_\_\_\_\_

Patient's printed name: \_\_\_\_\_\_

Patient's signature: \_\_\_\_\_\_

Patient's accompanying family member or friend if at visit with them:

(printed) \_\_\_\_\_\_ (signed) \_\_\_\_\_\_