

The Jangaard Clinic

Informed Consent for Treatment

As a patient I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo care with The Jangaard Clinic having had the opportunity to discuss the potential benefits, risks and hazards involved.

(Initial) _____ I acknowledge that the clinic or practice of the Jangaard Clinic including its doctor(s) and staff, are distinctly and completely separate from (1) the doctor and or clinic and their staff that referred me, and or (2) the premises of the doctor(s) and or clinic in which care is being rendered.

I, _____ Hereby authorize my Practitioner of the Jangaard Clinic, in accordance with his/ her scope of practice, to perform the following procedures as necessary to facilitate my diagnosis and treatment.

German Electrodermal Assessment: Food irritants, Tissue imbalance, Toxins, Endocrine / Hormone imbalance, Nutritional deficiency, etc

Common Diagnostic procedures: Phlebotomy, Ultrasound, MRI, laboratory, x-ray, etc

Minor Office Procedures: Dressing change, Ear Irrigation, Suturing, Biopsy, Cryotherapy, Wound care, etc

Naturopathic Manipulation/ Physical Medicine: bone and tissue adjustments manually and by instrument, massage, stretch, orthopedic assessment, hydrotherapy, Kinesio Taping, Physiotherapies.

Injection therapies: Neural Prolotherapy (NPT)/(PIT), Prolotherapy, Platelet Rich Plasma (PRP), Vitamin/ Mineral, Tissue Allografts, Therapeutic Ozone, Hormones, Intravenous Therapy.

Lifestyle/ Psychological Counseling: Weight loss, Exercise Plans , Physical Therapy, Stress / Sleep plans, Diet plans, etc

Therapeutic prescriptions: Nutritional supplements, homeopathic remedies, botanicals Medicine, Hormone replacement therapy, Pharmaceutical Prescriptions.

Potential risks: Pain, fracture, stroke, dislocation, sprain, discomfort, blistering, minor bruising, discoloration, infections, burns, itching; loss of consciousness and deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, hydrotherapies; allergic reaction to prescribed herbs, supplements, prescription medications; soft tissue or bony injury from physical manipulations; aggravation of pre-existing symptoms.

Potential benefits: Restoration of the body's maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery, and prevention of disease or its progression.

Notice to pregnant women: All female patients must alert the provider if they have confirmed or suspect pregnancy as some of the therapies prescribed could present a risk to the pregnancy. Labor- stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor and any treatment intended to induce labor requires a signed letter from a primary care provider authorizing or recommending such treatment.

Notice to individuals with bleeding disorders, pacemakers, and/ or cancer. For your safety it is vital to alert your provider, of these conditions.

Please Read And Initial:

_____ I understand that doctors at the Jangaard Clinic are not licensed to prescribe any controlled substances other than Tylenol III (codeine) or Testosterone.

_____ I understand that doctors at the Jangaard Clinic will only prescribe medications that are in the best interest of myself, the patient. Appropriate referrals will be provided to manage my prescription medication needs.

_____ I understand the US Food and Drug Administration has not approved nutritional, herbal, homeopathic substances, bioidentical hormones, stem cells, injection therapies or nutrient infusion therapies; however these have been used widely in Europe, China and the USA for years.

_____ I understand that doctors at the Jangaard Clinic are not licensed as psychologists or psychiatrists. Counseling services are provided for the support of improved lifestyle strategies.

_____ I understand that doctors at the Jangaard Clinic offer many therapies that are considered purely investigational/experimental.

_____ I understand that doctors at the Jangaard Clinic offer many integrative oncology therapies that are considered purely investigational/experimental. The Jangaard Clinic does not ensure cure of any disease and encourages you to work with your oncologist.

I do not expect the Jangaard Clinic to be able to anticipate and explain all of the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand that it is my responsibility to request that the doctors at the Jangaard Clinic explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. By signing below I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand that I am responsible for knowing where my personal items are at all times while in the office and if I choose to remove or place any of my personal items the Jangaard Clinic and its associated doctors are NOT responsible or liable for any lost, stolen, or misplaced items. I understand all of the above and give my oral and written consent to the evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment.

Printed Name of Patient _____

Signature of Patient _____ Date _____

Printed Name of Guardian _____

Signature of Guardian _____ Date _____