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## Consent Agreement Concerning Scope of Practice, Nutritional Therapy and Supportive Cancer Care

To Whom It May Concern:

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 upon symptoms or disease process. This does not mean that it can be misrepresented or be classified as a drug by anyone. **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 a particular bodily symptom.**

The Center For Natural Medicine, PA, offers supportive (adjunctive) care for patients with malignant disease. We wish to emphasize that **supportive care given here is not offered as a primary treatment for cancer. It is not intended to replace standard medical care of surgery, radiation, and/or chemotherapy.** It is the conventional medical view that untreated cancer is a progressive disease, which, in the great majority of instances, ends in death.

The patients coming to our clinic for supportive care should be aware that conventional medical therapies may be effective in bringing cure and/or prolonged remissions for certain types and stages of malignancies. Some examples are:

- Non-melanomatous skin cancers: In their early stages, cure rates may approach 100%.
- Stage I (localized) breast cancer: Surgery and/or radiation cure rates may approach 100%.
- Seminoma (testicular cancer): This form of cancer is highly curable with chemotherapy. Even in disseminated disease, the cure rate is over 50%.
- Hodgkin's Disease: In early or limited stages of the disease, the cure rate may approach 90%. With more advance stages, the cure rates are somewhat reduced but still favorable for cure or remission.

Since a nutritional deficiency or a toxic burden on the body systems may or may not be associated with a specific disease, or it may be the cause of the disease, or it may occur as a result of that disease, it is important for you to fully understand that our sole concern will be your nutritional program and your ability to metabolize and utilize the nutrients you consume.

We will not diagnose, treat, or cure any specific disease. The nutritional recommendations we make based on laboratory tests, physical and clinical findings, history and symptoms; do not constitute treatment for any disease real or imagined by you. In addition, we specifically do not treat the disease of cancer. If you desire treatment for malignancy (cancer) you should place yourself at the disposal of another doctor who employs the only recognized cancer treatment procedures in the United States which consists of surgery, chemotherapy, high-energy radiation, and/or hormone therapy.

For all patients with malignant disease coming to our clinic for supportive care, we urge them to continue with regular, ongoing visits to an appropriate medial specialist (surgeon, radiologist, and/or oncologist). For those patients with potentially curable malignancy (curable by conventional measures) such visits are required as a condition for acceptance for our care.

In the nutritional management of a case, we routinely prescribe vitamins, minerals, herbs, homeopathic preparations, enzymes and phytochemicals. We do not want you to have any misconceptions about their use in this clinic. In the event that any vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, etc. is prescribed or administered in your care, we want you to understand explicitly that it is used for the following purposes:

- To aid in the detoxification of body systems;
- To improve your overall nutritional status;
- To improve your metabolism;

- To improve functional, biochemical and metabolic imbalances;
- For improvement of the sense of well-being;
- To improve appetite;
- For the gain or reduction of weight;
- For possible remission or reduction of pain where present.

However, you must understand that you may not receive any of these benefits because they do not occur predictably with every patient, and in some cases, they may not occur at all. We want you to understand the goals, expectations and limitations of nutritional therapy. We are not offering a promise of cure or a guarantee of prevention of future disease.

We routinely incorporate The Konesburg's (Adrenal Stress), Urinary Indican (Microbiome assessment), and Urinary Sulfate level. These are functional tests utilized by Dr. Peterson to aid in a quick, reproducible and reliable functional assessment of functional, biochemical, and metabolic processes of your health status. The urine MultiStick is a standard urine analysis offered in most medical facilities.

Before you sign this agreement, we want you to understand that our view concerning NUTRITIONAL SUPPORT and the need for certain nutrients may not necessarily be shared by the American Medical Association, the Food and Drug Administration and the American Cancer Society, or similar agencies and organizations at this time.

If you sign this agreement, you will be signifying that you may be disagreeing with these organizations in so far as their opinion differs with ours concerning NUTRITIONAL SUPPORT and that you desire to have prescribed and administered in your case, such vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, or other nutritional items or devices which, in our professional opinion, appear to be indicated for your nutritional support. The Center for Natural Medicine, PA recognizes a patient's right to be informed and that the patient has the right to accept or refuse nutritional advice or dietary advice.

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I am an adult, person 18 years or older, presumed to have decision-making capacity and the only person who may consent to my treatment. I HAVE READ AND UNDERSTAND THE ABOVE. Under the conditions indicated, I hereby place myself under your care for advice, prescriptions, and administrations as may appear to be indicated in your professional judgment. I will secure the services of another doctor for treatment of specific entities disease processes and I will look to you for nutritional counsel and management.

This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:

Date \_\_\_\_\_ or Specific Event \_\_\_\_\_

Patient Name Printed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Center for Natural Medicine, PA: \_\_\_\_\_

Date: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Date: \_\_\_\_\_