



902 East Second St, Suite 325
Winona, MN 55987

507-452-6640 Office
507-452-6646 Fax
www.tcfnm.com

Informed Consent Agreement Concerning Scope of Practice, Laboratory Findings and Nutritional Recommendations

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 laboratory testing for the purpose of functional, biochemical and metabolic assessment of our patients. We also offer nutritional supplementation for the purpose of correction of these imbalances. 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 to supply good nutrition supporting the physiological and biomechanical processes of the human body.

We will not diagnose, treat or offer a cure for any specific disease process real or imagined by you. Any changes in your prescription medications need to be discussed with the person prescribing them. The nutritional recommendations we make in your care is for the correction of biochemical imbalances. We may utilize history of symptoms, physical and clinical findings and laboratory tests to make our determination of appropriate nutritional intervention.

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.

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 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: _____