RENO INTEGRATIVE MEDICAL CENTER

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**CONSENT FOR TREATMENT**

 The following possible prescribed protocols at Reno Integrative Medical Center are fundamental to the increased immune system’s effectiveness, the unmasking of cancer’s defenses, and the destruction of cancer cells. I understand that the doctor(s) at Reno Integrative Medical Center have designed a protocol uniquely for me.

I have read and understand the following information concerning each of these therapies, and the risks involved. I understand that if I choose not to participate in any of the recommended therapies, my prognosis may be less favorable than following the doctor’s recommendations. I have initialed each section explaining the therapies and I give my permission to Reno Integrative Medical Center, the doctor(s) and nursing staff to administer these treatments while I am under their care as an established patient. I have had opportunities to ask questions about each of these modalities and treatments.

I volunteer for this treatment under no form of coercion of my own free will. I understand that it is not possible to foresee all potential problems with these therapies. I realize every effort will be made to minimize any problems, but I accept the risks, up to and including death.

I certify that I am of sound mind and capable of making these decisions for myself. I understand that no guarantees of any kind have been made to me. I understand that there are alternatives to these treatments, and I wish to proceed. I understand that I can withdraw from treatment at any time.

By initialing the following treatments, I hereby give my full consent to receive them.

\_\_\_\_ **B-17 or Amygdalin:** Is a compound derived from apricot pits, has an anti-cancer effect when it enters the cancer cell. Possible side effects include nausea, vomiting and fatigue.

\_\_\_\_ **TCRP also known as “T-Cell Rich Plasma (TCRP):** Your TCRP is made from a small sample of your own blood. We concentrate the T-Cells (specialized white blood cells) and incubate them overnight to simulate a fever. When returned to the body (via IM injection or IT injection), the activated T-cells stimulate the immune system to attack abnormal tissue, like tumor cells. Possible side effects of the TCRP include headache, joint and muscle pain, body aches, sore throat, general malaise, sweating, chills, or nausea. These flu-like symptoms occur as a result of immune system activation and this type of reaction is called a “herxheimer”. Although it can be an uncomfortable experience, a herxheimer is a normal response and symptoms generally resolve without treatment within a couple of hours.

\_\_\_\_**GcMAF (Gc Macrophage activating factor):** GcMAF is an injection that “de-cloaks” the cancer cells by activating a natural immune response. It is also used to treat Autism, Parkinson’s, and MS, just to name a few. GcMAF is a human blood-serum product that endures a double-screening process before it reaches you. Donors are screened and the final product is screened to ensure quality and purity. Unlike other serum-based products, like albumin, each lot of GcMAF is taken from a single source instead of a combination of sources. Since GcMAF is something the body should produce on its own, there are no side effects.

\_\_\_\_ **I DO NOT HAVE A PACEMAKER**

\_\_\_\_ **IPT (Insulin Potentiated Therapy):** This treatment involves the administration of IV insulin to lower the blood sugar to a level where the cancer cells start to starve for sugar, but the normal cells are still ok. Then different drugs (which can include 10% of the full dose of chemo drugs), supplements, herbs, homeopathic remedies and other substances are administered both orally and IV with a tiny dose of sugar. In their desperation to get sugar, the cancer cells take up these things at a much higher concentration. Possible side effects include fatigue, chills, fever, nausea, vomiting, and diarrhea, rash with or without itching and hair loss.

\_\_\_\_ **IV Access Line and IV Therapy:** I authorize provision of intravenous formulas and remedies as ordered by Kathy Goldsworthy, DNP, APRN. I am aware of the risks such as infiltration, thrombophlebitis, and/or allergic reaction.

\_\_\_\_ **Mistletoe:** Mistletoe extract acts on many levels. On the one hand, it boosts the immune system by multiplying and activating the immune cells. On the other, it can induce apoptosis (the process of natural cell death) in the cancer cells which can inhibit tumor growth. Healthy tissue is not adversely affected by this. An additional advantage is that it can protect normal cells from toxic effects of some other therapies. Sometimes, mistletoe therapy can help shrink a tumor and prolong survival. Possible side effects from administration include, fever, flu like symptoms, increased temperature for 12-24 hours, itchy rash, swelling in the face, and shortness of breath.

\_\_\_\_ **Multi-wave Oscillator:** I understand that this electronic device, the Multi-wave Oscillator, is experimental and that no medical claims are made for its benefit to my condition. I understand that anyone with an implanted electronic device such as a pacemaker should **NOT** receive this treatment. I understand that I am not to touch ANY part of the device while I am receiving treatment due to the risk of electric shock. I understand that I need to remove any and all electronic devices, empty all pockets, including cell phones, watches, credit cards, coins etc. from my person **before** undergoing the treatment and will not use any electronic devices while receiving treatment. I understand that I am to sit in the chair until the machine stops its cycle. I understand that no other person should come within 2 feet of me while I am receiving treatment.

\_\_\_\_**Neupogen:** I have been informed about the risks and benefits of receiving Neupogen. I consent to the administration of Neupogen for my current health status.

\_\_\_\_ **Oxidative Therapy:** This includes the administration of ozone (O3) or diluted hydrogen peroxide (H2O2) intravenously. Ozone and UVBI may be combined. Possible risks may include temporary coughing, wheezing, or irritation of injection site for several hours. High dose vitamin C. side effects can include nausea and dehydration.

 \_\_\_\_ **PolyMVA:** Is a palladium lipoic acid compound that has been shown to have anti-cancer characteristics. It is a liquid that can be administered orally or intravenously. It has shown antioxidant and electro-chemical effects on the cancer cells that slowly cause them to die. It is also non-toxic to normal cells. To date, we have not seen any side effects.

\_\_\_\_**Procrit:** I have been informed about the risks and benefits of receiving Procrit. I consent to the administration of Procrit for my current health status.

\_\_\_\_**Salicinium:** Salicinium is a plant-extracted glycose (complex sugar) molecule that enters the cancer cell and shuts down the cancer cell’s fermentation process. In doing so, the cancer cell is “de-cloaked” and the immune system can do its job without harming any healthy cells. Salicinium is not a free glucose and will not impact your blood sugar. Salicinium cannot be administered with Vitamin C or Oxidative therapies as they cancel each other out. To date, patients have not experienced any side effects.

\_\_\_\_ **Calcium EDTA:** also known as IV “chelation” therapy. These are compounds that have been recommended by the AMA for the removal of heavy (toxic) metals from the body since the 1920’s. They combine with the metals and remove them through the urine. Possible side effects are fatigue, headache, and foul-smelling urine.

\_\_\_\_ **Ultraviolet Blood Irradiation (UVBI):** Approximately 50-100cc of blood is drawn and flows under an ultraviolet light before flowing back into the body. This process attenuates blood microbes and stimulates an awakening of the immune system. Possible risks may include anaphylaxis, fevers, chills, nausea, vomiting, diarrhea, sepsis, thrombosis, cellulitis, or phlebitis.

**Please indicate any allergies or sensitivities and your reaction to them:**

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**YOUR RIGHTS:**

Be given information about your rights and responsibilities for receiving services.

Be given information about the services and/or products to be rendered to you and to make decisions based on this information.

Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis in terms you can reasonably be expected to understand.

Be given data privacy, confidentiality, and security.

Be given personal privacy, confidentiality, and security.

Be given property privacy, confidentiality, and security.

Review your clinical record at your written request.

Refuse treatment at any time, including life-sustaining treatment, and be given information concerning consequences of refusing.

The undersigned certifies that he/she is the patient or authorized agent, has read the Consent for Treatment and has agreed to accept its terms.

**Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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