

## **Disulfiram Treatment for Lyme Disease Consent**

I, \_\_\_\_\_

Acknowledge that Lyme disease treatment with disulfiram is a new treatment and long term risks and benefits have not yet been identified in clinical trials, although long term use of disulfiram in general has shown very few side effects, most of which are rare in occurrence.

I acknowledge that I will be taking disulfiram for an “off label” use and that the medication is indicated for alcohol dependency.

I have been educated on the need to refrain from consuming alcohol, using alcohol in body products, and using caution when using products containing alcohol such as paint thinner, pumping gas, etc. in my daily life

I will check in with IHC via my Charm account and send a message to my provider every two weeks on my progress or sooner if I am having side effects. I will stop the medication immediately and contact ICH if I experience neuropathy, optic neuritis, hypertension, psychosis. I am aware that these side effects are rare, but can occur.

In addition, I will go to a lab of my choice prior to starting the medication and every month while on the medication to ensure proper function of my liver – I will let IHC know when and where the labs were performed and I will supply a copy of the results if needed to IHC. I will not start my medication or increase my dose of the medication without getting proper notice from IHC provider to do so based on my lab results.

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

Signed Name: \_\_\_\_\_

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

Parent/Guardian Signature if under 18: \_\_\_\_\_

Relationship to underage patient: \_\_\_\_\_