



Do No Harm Release Form

Date: _____

Patient's Name _____
is concerned that recent change(s) to their previous effective care plan interferes with patient's health equity; it is nonadherent and may lead to clinically ineffective outcomes.

Primary Diagnosis _____

Secondary Diagnosis _____

Patient's recurring Acute Symptoms/ Diagnosis present:

Were the patient's current recurring symptoms/diagnosis previously treated by employing a reasonable standard of care recognized by centers such as the CDC, FDA, NIH, NCBI, NLM, PubMed?

A. EXplain: _____

B. Standard of Care recognized by CDC, FDA, NIH, NLM, etc. previously effective:

C. Any Adverse Events during the previous effective care plan(circle one):
Yes or No.
Explain, if your answer is Yes: _____

Patient's Initials _____ Advocate's Initials _____

Physician's Initials _____ Witness' Initials _____



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Is the physician present during the completion of the Release Form. Yes or No

As of to date the Medical Professional's Differential Diagnosis(es), Differential Treatment, and/or Pain Management: _____

B. Time Frame of re-evaluation: _____

C. Why is this patient subject to changes of their previous therapeutic and effective care plan? _____

D. Expected outcomes: _____

E. Benefits of new Care Plan: _____

F. Possible adverse events: _____

Patient's Signature _____

Advocate's Signature _____



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Physician's Signature _____

Witness' Signature _____

Notes: _____

