

PATIENT GENERAL CONSENT FORM

Doctor's Name: _____

I, (Patient's Name): _____

Of (Patient's Address): _____

Understand that:

- Some of the *accessory functional pathology tests, treatments and products administered by practitioners at IMH Gold Coast* may be outside the parameters of conventional medicine in Australia. They include IM, IV and PR applications.
- These tests, treatments and products fall into the category of Natural or Complementary Medicine.
- These functional tests, treatments and products are supported by empirical knowledge and in many cases by research data.
- That these tests, treatments and products are safe, are widely and successfully used by Integrative Medical Practitioners in centres in Australia and overseas, and are only prescribed with utmost care.
- Some functional pathology tests and treatments offered at *IMH Gold Coast* are not covered by Medicare or private health insurance funds.
- All *IMH Gold Coast* practitioners are members and active participants of their respective professional colleges.
- I also understand that practitioners may benefit either directly or indirectly from tests recommended at this practice.
- The treatment may not be regulated by the TGA (Therapeutic Goods Administration).

I am attending *IMH Gold Coast* of my own free will and consent and exercise my right to discuss and choose any useful and suitable treatment(s) made available to me.

Information obtained at the clinic can, and may be used, de-identified for research and publication.

Confirmation of Consent:

Patient Consent: _____

Date: _____