

## NUTRIENT CONSENT

I, (Patient's Name): \_\_\_\_\_

Understand that nutrient supplements may be prescribed as part of my treatment plan:

- Some of the nutrients prescribed may be higher doses than that specified by the recommended daily intakes by NHMRC (National Health and Medical Research Council)
- It is important I take these prescribed nutrients as directed by my doctor.
- I will return for review of my health at a date specified by my doctor, and if I fail to attend these reviews I will no longer take any of the supplements prescribed by my doctor.
- I understand these supplements are only prescribed for me and not to be used for anyone else.
- I understand that prolonged taking of certain supplements at high doses without medical supervision could lead to adverse health outcomes such as nerve and thyroid disorders. I will direct any question of concern to my Doctor during my consultations.
- Some of the products are not TGA listed and may need a SASB form filled on my behalf.
- The Pfeiffer/Iodine/Amino Acid Nutritional protocol includes higher doses of B6, iodine, lithium, selenium and molybdenum. These doses need to be monitored. I will stop the therapy and inform my doctor if I experience any of the following:
  - Tingling in hands, feet and tongue
  - Metallic tastes in the mouth
  - Undue fatigue or agitation
  - Worsening of my condition

### Confirmation of Consent:

Patient Consent: \_\_\_\_\_

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