

RISKS AND BENEFITS OF INTEGRATIVE/FUNCTIONAL/BIOMEDICAL MEDICINE PROCEDURES UTILIZED AT z CHILD WELLNESS Legal Waivers and Liabilities:

I am exploring the possibility of utilizing Complementary and Alternative Therapies at Whole Child Wellness Center for my child or myself. (“WCW”) in conjunction with outside conventional medical care. I have provided to WCW all medical information relevant to my child’s or my own health status. I acknowledge that I understand the services provided at WCW are for therapeutic purposes only and not for purposes of diagnosis. In certain cases lab tests may be offered in order for my WCW physicians and providers to better evaluate the functional status of my body in order to better provide integrative therapeutic options. I understand that: (1) if a symptom persists, I should see my regular or non-WCW physician(s) regarding traditional diagnosis and treatment options; and (2) I should continue to see my regular or non-WCW physician(s) for conventional testing and screen purposes.

I have had the opportunity to review integrative medicine procedures available at WCW (also available on WCW website) and the risks and benefits of the procedures identified on the next page. I am aware that the practice of integrative medicine is not an exact science and I acknowledge that no guarantees have been made to me regarding these procedures. I understand the integrative medicine procedures and the expected results, risks, complications and discomforts that may result from such procedures, and that such procedures may aggravate existing conditions or pain, or may lead to new complaints I have no further questions regarding the integrative medicine procedures or options available to me.

I hereby authorize any health care provider to release to WCW or any of its designees for treatment, administrative (including applications/claims evaluation), analytical and/or research purposes, any records and information pertaining to my medical history or services rendered. I hereby authorize WCW to release medical information to other healthcare providers as might be necessary to provide for continuity of care. I am aware that I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon. With respect to any records and information concerning treatment of drug and alcohol abuse, drug related conditions, alcoholism, psychological/psychiatric diagnosis, hepatitis, tuberculosis, HIV test results and/or diagnosis of AIDS or Aids related condition, if applicable, I hereby authorize any health care provider to release to WCW or any of its designees, for treatment, administrative (including application/claims evaluation), analytical and/or research purposes. I am aware that I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon.

Products offered for sale by WCW have been scientifically tested by their manufacturers and independently reviewed for quality by others who are qualified to do so. If you would like to know more about the risk, benefits and limits of knowledge relating to the products sold at WCW, please ask us and we will provide you with a link to easy-to-read materials about them. WCW makes every effort to provide the products it sells to patients as cost-effectively as possible. WCW acts as a retailer for the manufacturers of the health-related products that it sells. All health-related products sold by WCW are sold at an industry-accepted markup. If you would like a list of the manufacturers with which WCW has a financial arrangement, please ask us and we will provide it to you. WCW has made arrangements so that it can provide health-related products in-office as a convenience to our patients. However, if you prefer to purchase these products (or other similar products) elsewhere, please let us know. We cannot guarantee the efficacy, proper storage and in turn the effects of supplements not purchased through our office directly.

I authorize Dr. Amber Brooks, DC, CACCP, RN, BSN to order/perform tests and prescribe/perform treatments that I am in agreement with and that are in accordance with the standards of care for the state of Texas. Diagnostic tests include but are not limited to venipuncture, finger pricks, urinalysis, stool, saliva, imaging, and physical exams.

Treatments include but are not limited to adjustments of the spine/extremities through both low and high force techniques, nutritional counseling, exercise, Craniosacral Therapy, diet/lifestyle counseling, nutrient therapies, soft tissue manipulation, and cold laser therapy. Dr. Brooks will utilize various Chiropractic techniques in order to best serve each individual patient. These techniques may include adjustment(s) of the cranial bones, vertebral column, pelvis, upper and/or lower extremities. The techniques focus on maintaining healthy spinal alignment and motion thereby influencing nervous system function. The Doctor will not directly treat any specific medical conditions.

As with any health care procedure, there are certain complications, which may arise during care. While rare, potential risks include: pain, discomfort, allergic reactions to prescribed herbs or supplements, soft tissue or bone injury from physical manipulations, aggravations from pre-existing conditions, cervical myelopathy, and costovertebral strains and separations. Some patients will feel some stiffness and soreness following the first few days of treatment.

Potential benefits include: restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

If procedures are performed, I have given my permission to do so and acknowledge that full disclosure of information has been made. If I have questions about these procedures I will ask them until they are answered to my full satisfaction. I further acknowledge that there is no

Informed Consent

guarantee or warrantee, expressed or implied, concerning the outcome of any of the procedures used in the course of my care.

I understand that Dr. Brooks does not administer emergency medical care. I understand and agree that if I experience a medical emergency while under Dr. Brooks' care, I am to immediately dial 911. After emergency care has been administered, I may seek chiropractic care to accelerate the healing process. If I have a medical concern, I am to phone the office to report it. If my concern occurs after regular clinic hours, I understand there is no "on call" services and will proceed to my nearest emergency room or primary care doctor for care. I recognize that a record will be kept of my care, and that I have the right to obtain a copy of my record upon request. I understand that obtaining a copy of my record will require payment of a fee. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is my best interest (or said minor's interest) to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to the Doctor of this clinic, Amber Brooks, DC, CACCP to treat my child/myself as she deems appropriate through the types of treatments outlined in this document. I acknowledge that no guarantee or assurance as to the results that may be obtained from this treatment has been given to me.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND RELEASE, INCLUDING THE NEXT PAGE. I FULLY UNDERSTAND ITS CONTENTS AND I HAVE SIGNED IT OF MY OWN FREE WILL.

By entering your name and/or initials, you electronically acknowledge carefully reading, understanding and agreeing to the above office policies and procedures.

Patients Signature (OVER 18 Years)

Patients Printed Name

Date

Guardian Signature (For MINORS)

parent or

Relation to Patient

Specific Services Offered & Consent

Please select the type of service from the list of services on the following pages. Read the Informed Consent and sign. If you do not initial these services cannot be rendered.

Nutrition

1. Nutritional and Dietary Changes
 - a. Nutrition is a rapidly evolving science. Nutritional interventions may affect your current medication schedule and symptoms. Positive nutritional changes have a positive effect on your health but do not absolutely guarantee of either avoiding or developing disease. Nutritional interventions may help to better evaluate your health status.
2. Nutritional Supplements
 - a. Supplements and nutritional supplements may interfere with prescribed medications. It is important that a physician is aware of what combinations of medications and supplements you are taking. You will also need to let your other providers know the supplements you are on, a typed copy will be provided to you and you may distribute as needed.
 - b. Not all supplements are made the same, meaning each is not equal in quality. At WCW we only use pharmaceutical grade products that are GMP, FDA approved and/or scientifically studied. Ordering your supplements from an outside source (not through WCW) is not recommended. There are fraudulent products with fake labels sold online, in addition many are not stored or shipped properly which also interfere with how well they will work for you. It is best to order through our office to ensure the quality of the products suggested.
3. Nutrigenomic and Functional Nutritional Assessments
 - a. Nutrigenomic assessment is a rapidly evolving science. It is an indicator of potential risk of disease development, but not an absolute guarantee of either avoiding or developing disease. Functional medicine assessments may help to better evaluate your health status. However, neither of these assessments should preclude nor substitute for traditional medical care. These tests include urine, stool and blood testing.

Informed Consent

Consent for Nutrition Services:

I am attending this nutritional consultation and working with Dr. Amber Brooks, DC, CACCP, BSN, RN and or nutrition professionals at WCW of my own volition. We recommend that you inform your medical doctor of any and all dietary changes which you make as a result of her recommendations.

I understand that Dr. Amber Brooks is a Board Certified Pediatric Chiropractor with state licensure and is trained in nutrition, as well as a Registered Nurse. This training helps Dr. Amber Brooks guide clients in improving their health through dietary and lifestyle changes. Dr. Amber Brooks and WCW Consultants/Employees are not medical doctors and do not diagnose or treat disease. I take full responsibility for my health and for the decisions regarding my diet that I make as a result of the recommendations made. Any dietary supplements and nutritional recommendations are suggestions and whether or not I act on these suggestions is as a result of my own volition.

I hereby release and discharge Dr. Amber Brooks and WCW from any and all claims that I or my family or heirs, have or may have, now or in the future. I have read and understood all of the above and agree to proceed under these conditions. I understand that the above is meant to have legal significance and be legally binding.

By entering your name and/or initials, you electronically acknowledge carefully reading, understanding and agreeing to the above office policies and procedures.

Patients Signature (OVER 18 Years)

Patients Printed Name

Date

Guardian Signature (For MINORS)

parent or

Relation to Patient

Chiropractic Care

1. Chiropractic

- a. Description and theory: These therapies are concerned with the relationship of the structures of the body to its function. Both rely heavily on hands-on procedures using touch (palpation) to assess areas of dysfunction. Our therapist may use techniques in order to correct this dysfunction. These include high velocity thrust or manipulation as well as various other more gentle technique such as Activator and CranioSacral Therapy (CST).
- b. Possible Risks and Side Effects of Manipulative Techniques: these are rare but include pain, discomfort, soft tissue or bone injury from physical manipulations, aggravations from pre-existing conditions, cervical myelopathy, and costovertebral strains and separations. Some patients will feel some stiffness and soreness following the first few days of treatment.

Consent for Services

I, _____, do hereby authorize this Chiropractic Clinic and its Doctors, associates, assistants and interns to perform upon me examination and diagnostic procedures arising from any current or presently unforeseen conditions, which the Chiropractic Clinic, Doctors, associates, assistants, or interns may consider necessary or advisable in the course of my health care. I understand and agree this Chiropractic Clinic, Doctors, associates, assistants, and interns have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment but are part of the process of information gathering so that the doctors of the Chiropractic Clinic can determine whether to accept me as a patient.