



CONSENT FOR HCG TREATMENT

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The Nature of Treatment

I hereby give my consent to evaluate and treat obesity, and the overweight condition by the administration of HCG (Human chorionic gonadotrophin) and nutritional supplements, including vitamins, minerals and anti-oxidants designed to aide in the reduction of abnormal fat. The nature of this procedure is to raise levels of HCG in my body to levels which will aide in the loss of abnormal fat and preserve structural and visceral fat. By normalizing weight this will improve my quality of life, functional ability and decrease incidence of sickness and disease. Regarding the nutritional supplements, the goal is to raise levels of vitamins, minerals and anti-oxidants in order to maximize the physiologic processes in my body and minimize damage by naturally produced free radicals.

The General Nature and Extent of Treatment-Related Risks

The overweight condition and obesity have unwanted potential for illness when this condition goes untreated. Along with my provider, I believe weight loss is an important part of treatment and prevention of diseases such as high cholesterol, diabetes, hypertension and joint pain exacerbated by stress on all systems in the body. By obtaining the ideal body weight I will reduce my potential for these diseases and help decrease the symptoms due to obesity.

Although I am aware this is not an FDA approved treatment, I understand there have been many clinical applications of HCG and weight loss that have had potential for weight loss from 15-30 pounds in 30 days.

The potential for adverse side effects are constipation, failure to lose weight due to dietary errors, pain from uterine fibroids due to weight loss, Gallstones, problems with receding gums and tooth loss in prolonged use, increased risk of alcohol intoxication with small amounts of alcohol and painful heel due to subcutaneous fat loss. Patients that have recently had heart attack or stroke, pregnancy, or have had a past medical history of anorexia or bulimia or have an active case of tuberculosis or Diabetes Type I may not participate in this program.

I understand I will have the choice of injectable form of HCG or the sublingual form of HCG. I also understand the clinical studies have been done with injectable forms of HCG and show potential for the most weight lost and reduced hunger on a VLCD (very low calorie diet). Some patients have had equal success with sub lingual forms of HCG.

HCG is thought to work by using abnormal fat while on a VLCD. It is not a sex hormone. It works the same in women as it does in men. It is thought to work in a part of the brain that regulates and maintains the central nervous system which controls all autonomic functions such as breathing, heart rate, digestion and sleep. Therefore, it is thought to control the operation of storing and issuing fuel in the body in the form of fat and sugar.

In patients with diabetes, weight loss will bring about lower blood sugars therefore I understand if I am diabetic I will agree to check blood sugar twice daily and inform my provider immediately so my medication can be adjusted to decrease risk of hypoglycemia.

While taking HCG patients with arthritis may experience relief of joint pain. I understand once treatment is stopped my symptoms may return.

It has been demonstrated in patients with high cholesterol their levels may rise initially with weight loss but with continued loss of weight cholesterol will decrease. This is a well-known phenomenon often seen in weight loss due to the release of cholesterol deposits that have not yet undergone calcification in the arterial wall. This is a beneficial effect.

If I have gout I may expect an acute rise in the blood uric acid levels. I may expect an acute attack after the first few days of HCG treatment and then remain pain free during the rest of the treatment cycle. If I repeat the cycle I may again experience an acute gout attack. After treatment, I can expect decreased episodes of pain from gout. I may be given Zyloric if I have a history of gout to avoid attacks during treatment.

I understand I may experience a drop in blood pressure while on HCG. I will monitor my blood pressure carefully and if I do not have a way to do this at home will consent to monitoring weekly at this clinic. It may be necessary to decrease my blood pressure medication while on HCG treatment and return to previous medication once HCG is stopped.

Safety of HCG Administration for Weight Loss

Although in my physician's opinion, the majority of data points toward safety, no one has yet proven or has yet disproved a causal relationship between the use of HCG therapy and weight loss. I understand that careful surveillance and close monitoring are requirements of all patients to minimize any possible risk. These methods can only be used in The Center for Health and Restoration.

I understand there are other studies that show HCG is ineffective as a weight loss treatment. However, studies like these, which show an association (two variables present simultaneously), do not demonstrate cause and effect. I realize that it may be several years before we know if there is any true cause and effect between HCG and weight loss.

I also understand there are possible benefits associated with these procedures. I understand that no guarantee has been made to me regarding outcomes neither of this treatment nor on resolution of my symptoms. I understand that not all patients receive the same degree of response. I also understand that the benefits derived from therapy will cease and those derived from HCG therapy and drugs that alter hormone levels may not reverse if the therapy is discontinued.

I also understand that if I am female and become pregnant, I will stop the entire treatment protocol immediately and notify my physician. I understand that this therapy is not for the purpose of preventing pregnancy, and that if I become pregnant on this therapy it could present risk to the fetus (unborn child).

I understand that HCG has been approved by the FDA for use in the treatment of certain diseases. I also understand that the FDA only approves or disapproves of products made by manufacturers which are produced in an established dosage and form. Therefore by definition, the FDA does not “approve” or “disapprove” of HCG which are given in an individual dose and in an appropriate form for each patient as determined by my doctor at The Center for Health and Restoration. I also understand that my doctor may choose to discuss with me and provide to me medications that are off-label in order to offer to me the widest range of therapies possible. (“Off-label” use means the use of FDA approved drugs for purposes other than those for which the FDA has approved them.) “Off-label” prescribing is a legal and common practice by physicians in the United States.

Any questions I have regarding this treatment have been answered to my satisfaction. I understand that I will be responsible for administering the hormones prescribed to me. I will conform and comply with the recommended dose and methods of administration. I also agree to conform to the request for initial and subsequent blood tests, as required. I understand that failure on my part to follow my physician’s recommendations in dosage and use of HCG and medication may result in unwanted and potentially harmful problems. I understand that failure to have appropriate laboratory testing done at the interval established by my physician and failure to follow up with my physician at the recommended appointments may lead also to adverse (unwanted) side effects.

I authorize my physician to perform this treatment. I understand they will be assisted by other health professionals, as necessary, and agree to their participation in my care. I also understand that I will continue under the care of my other physician(s) for any on-going medical condition as well as for any medical consultation that I may need. I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievance that I may have concerning or resulting from the procedure, except as that claim pertains to negligent administration of the procedure.

I hereby confirm that the nature and purpose of portions of the aforementioned treatment are considered by some to be medically unnecessary and/or experimental because they are not aimed at treating a disease, and there are no long-term studies documenting the results. The risks involved and the possibilities of complications have been explained to me. I fully understand that the treatment to be provided may be considered experimental and unproven by scientific testing and peer-reviewed publication.

To attest to my consent to this treatment, I hereby affix my signature to this authorization to treatment.

Patient Name (please print above)

Witness Name (please print above)

Signature of Patient (please sign above)

Signature of Witness (please sign above)