

## INFORMED CONSENT – TARRYTOWN FUNCTIONAL MEDICINE

This form is designed to present benefits and risks of therapies offered at Tarrytown Functional Medicine and must be signed before treatment is rendered. At this office we offer weight loss, Clinical Nutrition for general health maintenance, Dermatology, and pain treatments such as acupuncture, frequency specific micro-current, infrared heat, and cold laser therapy.

**Functional medicine:** Functional medicine is a comprehensive approach to healthcare that aims toward improving the physical and emotional well being of an individual by restoring metabolic equilibrium. We use history, physical examination, and laboratory testing to evaluate your body's deficiencies and imbalances. We utilize several labs including: Genova, Genomind, Boston Heart, DUTCH hormone testing by Precision analytical, Inc. , Labcorp, and Quest Laboratories. A nutritional protocol will be generated from these results in order to help general health and improve the immune system through detoxification, and replacement of micro and macro nutrient deficiencies

**Weight Loss:** We utilize the Take Shape For Life weight loss and Optimal Health Program. Clinical studies at university centers have validated this as a safe, effective program in which people can lose up to 2-5 lb/wk for the first 3 weeks and 1-2 lb/wk thereafter and learn how to keep it off.

**Dermatology:** We offer general dermatology and do minor surgical procedures such as mole and wart removal, skin tag excision, and skin biopsies for diagnostic purposes. Our approach is holistic and so we strive to address the underlying cause of the skin problem as well as provide immediate symptom relief with medication. We perform Restylane and Botox treatments for cosmetic enhancement and Mesotherapy for reduction of unwanted fat deposits. Our hair loss treatments are very successful in alleviating many types of alopecia.

### **Pain treatments:**

**Acupuncture** is an art of healing involving the stimulation of specific points on the body to relieve pain or provide symptomatic assistance. The most frequent side effect of acupuncture is bruising. In rare instances, patients may experience certain side effects or untoward reactions including dizziness, fainting, bleeding, broken needles, pneumothorax, spontaneous miscarriage, burns, or other hazards associated with the treatment procedures. Relative contraindications for acupuncture include history of bleeding disorder or current anticoagulant therapy, implanted pacemaker, prosthetic valve, or pregnancy. I will inform my physician or acupuncturist if any of these conditions exist.

**Frequency specific micro-current** is a physiological modality that increases ATP energy production in the cells of your body. In doing so, it increases the tissue's healing rate. In this office, we use specific frequencies to address the various processes that the specific tissues in your body require. Contraindications include: trans-cranial (across the brain) use, heart pacemakers, and pregnancy.

I understand that Dr. Fetell does not do primary care or general practice and that each patient must have his/her own primary care doctor. I hereby accept full and complete responsibility for my health and all related conditions. I acknowledge that neither Dr. Fetell, nor any representative thereof, has made promises nor treatment claims to me or anyone representing me regarding the modalities, supplements, or dietary suggestions recommended.

The nutritional recommendation made in this office are not meant to treat, cure, or prevent any disease. We do not treat cancer and only see cancer patients in the context of helping them with side effects of conventional therapies, helping them with pain conditions, and helping them deal with other conditions related to nutritional deficiencies.

Medical photos taken during the course of treatment will be kept confidential but may be used for educational purposes. I understand that there will be a \$75.00 cancellation fee for office visits with Dr. Fetell if 24 hour notice is not given, aside from emergencies.

I agree to be responsible for payment of the services I receive at Tarrytown Functional Medicine

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_