

INTEGRATIVE CONSENT

**Authorization and Consent for Testing & Medical Care including the Use of
Alternative, Complementary & Integrative Methods**

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This document is a binding contract setting forth the obligations I assume in consideration for the medical care and treatment to be provided to me. I, as the patient agree to be bound by its terms.

FREE WILL: I am here on my own free will, representing no official agency or other organization, voluntarily requesting services for me and/or my dependents. I understand that all requests for information by official agencies or other organizations must be done in writing.

INTRODUCTION: I understand that medicine is not an exact science and therefore reputable physicians cannot guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the care provided by V. John Gonino D.O. and or care provided at the Gonino Center for Healing.

Good Medical practice dictates that patients must be informed of certain risks prior to receiving medical care or undergoing medical procedures. This information is given so that I will have the knowledge necessary to make a decision to give or withhold consent for treatment. By signing this form, I voluntarily consent to and authorize the medical procedures noted below.

I acknowledge that additional care and treatment may be required in the future. I further acknowledge that the outcome of medical treatment may be dependent upon my compliance with the instruction of my physician.

RIGHT OF CHOICE: I have been fully informed that there are different schools of medical theory and that medicine is an evolving science. I am aware that in evolving science, doctors sometimes differ on their approaches to diagnosis or treatment of illness or problems. I have had the opportunity to consider different approaches or schools of medical thought and ask questions of my physician. I understand that I have the right to accept or refused medical care, based upon my personal judgment.

STANDARDS OF CARE: I have sought out my physician because I know that he is willing to use both conventional and unconventional methods. (If I am going to undergo any procedures and /or treatment that are part of a clinical investigation, I will have to sign a separate consent form specifically for that investigation.

I am aware that alternative medicine is not accepted by some allopathic physicians and that an allopathic physician may reach a diagnosis and provide treatment based upon a different theory. Some allopathic physicians believe that some alternative medicine is not a useful method of treating or helping people. However, the standard of allopathic medicine does not apply to the method of diagnosis and treatment which I am requesting.

Ozone Insufflation Treatment

The use of ozone/oxygen in all forms will decontaminate surfaces, kill bacteria, viruses, and fungus on contact, increase the body's healing ability, boost the body's antioxidant systems, and aid the cells to fight inflammation and infection.

COLON - The Ozone gas is absorbed through the rectal veins and diffuses through the soft tissues of the lower colon. The ozone is taken up through the veins and transported to the liver and gradually to the entire circulation.

SIDE EFFECTS: The application is painless, simple, and practically free of adverse reactions when dosages are strictly adhered to.

VAGINAL – Indications for Vaginal are yeast, bacterial and viral vaginal infections, unexplained pain in or around the vagina, Labia pain and Pain with intercourse.

SIDE EFFECTS: There is no pain or pressure buildup with Ozone. If you experience any discomfort the doctor or Nurse Practitioner will lower your dose. The only side effect is slight pain but subsides usually within 5-10 min.

BLADDER - Bladder Ozone is the application of Medical Ozone into the urethra and bladder. Indications for Bladder Ozone Interstitial Cystitis, Chronic Bladder Infections, Chronic Prostatitis, Post Surgical or Post Chemo Bladder Problems, Chronic Urethral Infections, Fungal (yeast) infections affecting the urethra and bladder Urge Incontinence .

After wiping the opening of the urethra with an antiseptic, a small bladder catheter is inserted into the bladder through the urethra. Then a small amount of procaine and a homeopathic anti-inflammatory is administered. After 5 to 10 minutes, about 60cc's of medical grade ozone (two ounces) is administered through the tube. The patient refrains from voiding for the next ½ hour.

SIDE EFFECTS: are different from person to person. Some people have no or very mild side effects. There are some side effects that you may have if you have a urinary catheter. They are bladder spasms, blood in your urine, and infections. If you have any of these side effects inform your healthcare provider.

The specific risk and complications reported in medical literature about this type of procedure/ treatment have been explained to me. I acknowledge that the risk and complications are as listed above.

I have acknowledge that I have voluntarily accepted the risk of the complications noted above herein and state that I will not have any claim if I suffer from complications. I realize that I may at any time, refuse to consent to a continuation of treatment or revoke this consent. In doing so, I may be requested to sign a form acknowledging this decision. However, if I decide to revoke my consent to treatment, it shall remain applicable for any treatment and procedures rendered prior to such revocation.

I have read all of the above or it has been explained to me.

Patient Name (print): _____ DOB: ____/____/____

Signature: _____ Date: _____

Witness: _____ Date: _____