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Informed Consent for Treatment

This document is a binding agreement (the “Agreement”) between Healthy Body (“Dr. Seth Lambert, DO”) (DO defined as Doctor of Osteopathy) and the individual patient whose name and signature appears below (“You” “Your”). In consideration of the health care services which may be provided to you by Dr. Seth Lambert, DO at the present and at all times in the future. You agree as follows (your agreement indicated by placing your initials on the lines following each section and by signing in the space provided):

Consent for Treatment. You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury or death. You hereby consent to authorize Dr. Seth Lambert, DO to provide you with healthcare treatment which depending on your health conditions, may include one or more of the following procedures: Osteopathic Medicine, Osteopathic Manual Medicine, Intravenous Infusions, Intramuscular Injections, Hormonal Replacement Therapy, Herbal Medicine, Intra-Articular and Extra-Articular Injection Therapy, Dietary and Nutritional Consultation, BioEnergy Testing and Prolozone™ injections.
(Initials)_____

Experimental Nature of Treatments. You acknowledge and agree that the treatments may consist in whole or part of experimental procedures and methods, in which no governmental (including the U.S. Food and Drug Administration), scientific or medical authority has confirmed the safety or efficacy thereof. You acknowledge that the safety and efficacy record of some of the treatments are based only on empirical and anecdotal evidence, which only shows that the Treatments appear to be relatively safe and effective. Dr Seth Lambert, DO has informed you that the Treatments may alter, address, or decrease your pain, symptoms, or complaints, but also have no effect. **(Initials)**_____

Intravenous Therapy, Prolozone, Injection Therapy Risks, Side Effects, Complications. Dr. Seth Lambert, DO hereby informs You that there are certain unavoidable risks and potential side effects and complications to the treatments, including; without limitation, swelling, severe pain, bleeding, dizziness, numbness, scarring, allergic reactions, itching, headaches, soreness inflammation, bruising, phlebitis, vomiting, fainting, metabolic disturbances. Treatments may very rarely cause infection, injury to nerves, or frozen shoulder.
(Initials)_____

Description of Treatments. The exact procedure, as well as the recommended sequence of treatments, will be explained to you when Dr Seth Lambert, DO actually administers the treatments. You acknowledge that any of the Treatments may involve insertion of needles into your skin and veins and the injection of standardized formulas which may include various nutritional substances, hormones, chelation agents, and FDA approved prescriptive medicines, local anesthetic (ie. Procaine), concentrated sugar water (Dextrose), your own blood, and on occasion, other substances which will be explained to You before injections.
(Initials)_____

Information You Provide Healthy Body Integrated Care.

You have provided Healthy Body Integrated Care with a complete list of all prescription and non-prescription medications (ie. Dietary supplements) you are currently taking. Also you will provide a complete list of all known allergies you may have and all allergic or adverse reactions you have had in the past to any medicines, dietary supplements, or medical treatments of any kind. You agree to update Healthy Body Integrated Care immediately should this list change. **(Initials)**_____

Informed Consent for Integrated Osteopathic Medical Treatment Received at Healthy Body Integrated Care, Seth Lambert, DO.

I, _____ have sought medical care from Healthy Body Integrated Care. I have chosen to do this on my own free will. I am aware that Dr Seth Lambert is licensed as an Osteopathic physician. Osteopathic medicine refers to medicine as it is commonly practiced in the United States, a system that uses pharmaceuticals and surgery as the primary modes of therapy. However, there is a difference...

The DO Difference:

Doctors of Osteopathic Medicine, or DOs, believe there's more to good health than the absence of pain or disease. As guardians of wellness, DOs focus on prevention by gaining a deeper understanding of your lifestyle and environment, rather than just treating your symptoms.

Listening to you and partnering in your care are at the heart of our holistic, empathetic approach to medicine. We are trained to promote the body's natural tendency toward health and self-healing. We practice according to the latest science and use the latest technology. But we also consider options to complement pharmaceuticals and surgery.

There are more than 120,000 DOs in the US, practicing their distinct philosophy in every medical specialty. We have additional training in Osteopathic Manipulative Treatment and use this tool to help diagnose, treat and prevent illness and injury.¹

I realize that Dr Lambert and his integrated approach to medical therapy may not be as rapid as pharmaceutical or surgical therapy, that it may require more effort from me than the simple administration of a symptomatic medication for each complaint, and that some medical authorities consider it to be unproven, ineffective and even unsafe. I also understand that since every individual is inherently unique, Dr. Lambert cannot warrant or guarantee that his treatment programs will always result in an improvement of the condition being treated.

I also understand that many insurance plans have clauses that limit coverage to "usual-and-customary fees for reasonable and necessary services." I realize that some of the medical services provided by Dr Lambert will not fall under this description, and I do not hold him responsible for the possible decision by an insurance company that services provide to me are not covered under a specific insurance contract.

I am consulting with Dr Lambert solely for reasons concerning my own health. I am not consulting Dr Lambert in order to provide any information to any enforcement, regulatory, investigative agency of any kind.

By my signature below, I certify that I have read and understand the above.

Signature of Patient _____ Date _____

1. <https://osteopathic.org/what-is-osteopathic-medicine/>