



Authorization for Treatment at McMinn Clinic

Functional Medicine is the practice of medicine, which attempts to look for and treat the underlying root cause of the problem.

Integrative medicine is the practice of medicine, which seeks to find the best solution(s) for the problem by using both traditional medical therapies and alternative therapies, such as (but not limited to) nutritional therapies.

I understand that Functional and Integrative medicine are practiced at McMinn Clinic. I understand that in the practice of functional medicine and integrative medicine some treatments are considered investigational, experimental, or alternative by the conventional medical community and that there may be some risks to treatment. I do not expect the Doctor or other employees or agents of McMinn Clinic to be able to anticipate and explain all possible risks and complications, and I wish to rely on the medical provider to exercise judgment during the course of treatment based upon the facts then known and in my best interest.

As a service to the patient, McMinn Clinic makes nutritional supplements available in our office. You are under no obligation to purchase these products in our office. Refunds will be given to any supplement that is unopened and returned within 14 days of purchase.

I also testify that I present to McMinn Clinic on my own accord and for my own purposes, and not on behalf of a third party such as a government agency.

I have read and/or have had read to me, the above consent. I have also had an opportunity to ask questions about its content. By signing below I understand the above. I intend this consent form to cover the entire course of my treatment for my present condition and for any future conditions for which I seek treatment.

Printed Name of Patient

Date

Signature of Patient

8/3/2016