



INFORMED CONSENT FOR TREATMENT

I understand that Dr. Mohammad Mostafavi is board certified by the American Board of Urology. Dr. Mostafavi additionally has interest in the Functional Medicine model and has undergone training with several modules through the Institute of Functional Medicine.

Functional Medicine is a science-based approach that focuses on nutritional and hormonal imbalances, diet, exercise, environmental influences and psycho-social stressors as they relate to the development and maintenance of illness. By evaluating and targeting these influences as the root cause(s) of illness, our hope is to promote self-health and prevention of illness. The Functional Medicine model is personalized, patient-centered medicine. As such, success with this approach requires active patient participation.

As a patient, I have the right to be informed about my condition and the available options recommended for my care. This disclosure is to help me become better informed so I may make the decision to give or withhold my consent as whether or not to undergo an Integrative Functional Medicine approach to diagnosis and treatment of my condition(s).

I hereby request and voluntarily consent to examination and/or treatment or recommendation for treatment using an Functional Medical approach, which may include the following treatments: vitamins, minerals, amino acids, supplements, IV therapies, hyperbaric oxygen therapy, injections, detoxification treatment modalities, lab testing, nutrition recommendations, etc. for me (or for the patient named below, for whom I am legally responsible).

I understand that in an integrative Functional Medicine approach, evaluation and treatment may include, but is not limited to: collecting specimens for laboratory evaluation, ordering diagnostic imaging, prescription of certain medications and/or nutritional supplements, and/or recommendations for IV therapy, hyperbaric oxygen, medical ozone treatment/therapy, bio-identical hormone replacement therapy, injections, counseling, dietary therapies, infrared sauna, or other alternative remedies.

I understand that the U.S. Food and Drug Administration has not fully evaluated or approved nutritional, herbal and homeopathic supplements, compounded IV's/injections, hyperbaric oxygen therapy (for certain indications), bio-identical hormone replacement therapies; however, they have been widely used in Europe and the U.S. for years. I understand that, as with drugs, the aforementioned interventions may exhibit some side effects in certain sensitive individuals, may interact with certain allopathic medications or lab tests, or show symptoms, due to certain pre-existing disease conditions. I do not expect the medical provider to be able to anticipate and explain all risks and complications. I wish to rely on the medical provider to exercise his best judgment in recommending the interventions that the medical provider feels at the time, based on the facts then known, is in my best interest. I understand that if I do not take the supplements or treatments as recommended, I may not get the desired result or may increase chances for an adverse effect.

It is my responsibility to keep my medical provider up to date with all of the current medications and supplements that I am taking, so that he can make the best-informed recommendations for my care. *I further acknowledge that no guarantees or assurances have been made to me concerning the results intended from the treatment.*

I understand that Dr. Mohammad Mostafavi has been trained in a diverse range of diagnostic tests and treatment modalities. As such, he may recommend different tests; may interpret standard tests differently; may propose different treatments, or may administer standard treatments differently than most conventional physicians, as many perspectives exist in medicine. In some cases there may be a disagreement among qualified medical experts, e.g. a "normal lab" value may not equate with an optimal lab value. Care rendered may therefore be seen by some as outside the standard of care or as "medically unnecessary." Diagnosis and treatment may include some services that are considered non-traditional, non-conventional or alternative

medicine. These services may not be recognized as standard medical practices and may be considered by insurance companies to be experimental or investigational. Along with training, the rationale for these differences is based on clinical experience and ongoing continuing education through the Institute of Functional Medicine.

By signing this form below, I acknowledge I have carefully read, or have had read to me, and understand the above consent. I give my permission and consent to care and authorize medical treatment by Dr. Mohammad Mostafavi, and I am fully aware of what I am signing. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

FULL NAME

DATE

SIGNATURE