

General Consent Form for Dr Carlos Sanchez Caballo

I, _____
(Patient's name)

Of _____
(Patient's address)

understand that:

- Some of the diagnostic tests, treatments and products administered by Practitioner Dr Carlos Sanchez Caballo may be outside the parameters of conventional medicine in Australia
- These tests, treatments and products fall into the category of Nutritional, or Integrative Medicine
- These diagnostic tests, treatments and products are supported by research and in many cases by years of clinical experience and empirical observations
- These tests, treatments and products are safe, are widely and successfully used by Integrative Medical Practitioners in centres in Australia and overseas, and are only prescribed with utmost care
- Some diagnostic tests and treatments offered by Dr Carlos Sanchez Caballo are not covered by Medicare or private health insurance funds
- Dr Carlos Sanchez Caballo is a member and active participant of professional organisations
- I understand that Dr Carlos Sanchez Caballo may recommend and dispense items that are yet to be regulated by the Therapeutic Goods Administration (TGA), should the practitioner deem that such products or treatments are in my best interest. If there are any risks associated with using unregulated products or treatments, Dr Carlos Sanchez Caballo will make me fully aware of those risks and provide me with sufficient information to make an informed decision

I am agreeing to this treatment of my own free will and consent, and will exercise my right to discuss and choose any treatment made available to me.

Signed:

Patient: _____ Witness: _____ Date: _____

Patient Name: _____ Witness Name: _____