

Informed Consent Agreement

I, _____, would like Dr. E. A. Von Bergen, D.C., D.A.C.B.N, to evaluate and treat me (or my dependent).

I understand that Dr. Von Bergen does not use medical diagnostic procedures, and therefore he does not diagnose nor treat a disease. I understand that the identification of allergens, infectious agents, toxins, or biochemical dysfunction requires specific medical laboratory procedures and for which there is no substitute. Instead, the techniques used in this office help determine how an individual's nervous system perceives the imbalances. Treatment protocols, using chiropractic adjustments, nutritional recommendations, and diet then attempt to optimize the body's nervous systems ability to recognize and correct the its imbalances.

Dr. Von Bergen utilizes muscle response testing, in use in chiropractic since 1964, but it, like the most medical testing procedures, is not 100% accurate. I am aware that pharmaceutical drugs and surgery may be options to consider rather than to consent to treatment at this office.

I understand also that this office does not treat life-threatening (anaphylactic) allergies, and that I must never expose myself to life-threatening allergies. In addition, cancer is not diagnosed or treated in this office since the law explicitly states that only oncologists are qualified to do this.

I realize that when Dr. Von Bergen, D.C., D.A.C.B.N., makes mention of organ and glands, he is in fact indicating that the meridian energy, used from acupuncture, for that organ or gland, is out of balance at a functional level and not necessarily at a pathological level.

I understand that I am not being asked to discontinue any other type of treatment prescribed by my other doctor(s), and I will continue treatment with my other medical providers. I also realize that improvement in my health may alter the need to change the dosage for my medication which other doctors have prescribed for me, so I agree that I will consult my medical provider to determine if my prescription needs to be changed if I feel different.

I understand that Dr. Von Bergen has utilized Applied Kinesiology, at times referred to as neuromuscular sensitivity response testing for 30 years, and that he has found that the following limitations exist in evaluating for nervous system imbalances:

- 1) It is not a stand alone protocol to assess severity of an issue. Determination of mild, moderate, or severe levels has to take into account signs, symptoms, and body response as determined on re-evaluations.

Please initial after reading this page _____

Informed Consent Agreement-continued

2) Dosage of any nutritional support is determined by clinical judgement based on the history of the patient, their age, gender, size, body sensitivities and the doctor's experience.

3) It can not delineate the extent, or spread, of an imbalance occurring within a certain region of the body. For instance, if an imbalance is detected in the lung area, no specific area of the lobes of the lung can be said to be involved, only a general energetic imbalance can be said to be present.

I have read the above statements, and I understand that I can ask any questions before treatment starts.. I have also been informed that I should notify this natural treating practitioner if any questions or problems should arise during or after treatment. I understand the conditions stated above, and I hereby willingly consent to participate in this type of care. By signing below, I agree to what has been set forth above.

I have executed the foregoing this _____ day of _____, 20__.

Patient's Signature _____

Patient's Printed Name _____

If Minor, Signature of Parent or Guardian _____

Parent or Guardian's Printed Name _____

Witness Signature _____

Witness Printed Name _____