

# ARIZONA INTEGRATIVE MEDICAL CENTER, P.C.

## NATUROPATHIC FAMILY MEDICINE & PRIMARY CARE

PAUL STALLONE, N.M.D.  
Naturopathic Medical Doctor  
Naturopathic Primary Care & Family Practice  
Homeopathy

8144 East Cactus Road Suite 820  
Scottsdale, Arizona 85260  
p:480-214-3922; f: 480-214-3920  
www.DrStallone.com  
www.ScottsdaleCancerTreatmentCenter.com

### Naturopathic Consent Form/Patient Bill of Rights

I hereby authorize and direct Paul Stallone, N.M.D., who is a naturopathic physician licensed in the State of Arizona and/or AIM health care providers, to do the following:

- 1) to consult with me about my health concerns, and
- 2) to run laboratory tests and perform physical exams that we discuss and agree on, and
- 3) to treat me with naturopathic medicine and/or conventional medicine, as my health condition requires, and as we discuss and agree on over time on a case-by-case basis.

I understand that there may be risks and consequences to my medical treatment, some of which may have never yet been discovered, and that the practice of medicine involves many variables, some of which would be impossible to account for in every situation. There is no medical procedure in which no complication has ever been reported. I understand that it is impossible to guarantee the outcome of any medical procedure, and that I have been given no guarantee as to the results that may be obtained. I understand that the FDA does not necessarily approve of any of these treatments. I further understand that the conventional treatments for cancer are chemotherapy, radiation and surgery. Although my doctor(s) and I will together choose the best treatments for my health condition and goals, I understand that the results and data there from will be used anonymously in reporting naturopathic research, as in a case review.

I further understand that Paul Stallone, N.M.D. and AIM health care providers honor the following *Patient Bill of Rights*. The following list of my rights includes but is not limited to the rights below:

- 1) I have the right to seek consultation with any physician(s) of my choice, or refuse the same.
- 2) I have the right to medical treatments from my physician(s) on mutually agreeable terms.
- 3) I have the right to be treated confidentially, with access to my records limited to those involved in my care or designated by me.
- 4) I have the right to use my own resources to purchase the care of my choice.
- 5) I have the right to refuse medical treatment, even if it is recommended by my physician or any other physician, hospital or clinic.
- 6) I have the right to be informed about my medical condition, and the risks and benefits of treatment and appropriate alternatives.
- 7) I have the right to refuse third-party interference in my medical care.

Signature of Patient \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Printed Name \_\_\_\_\_

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### GENERAL CONSENT FORM

I have sought the medical services of Arizona Integrative Medical Center, P.C., operated by Paul Stallone, NMD, his associates, employees, and staff. I understand that this medical practice uses some diagnostic and treatment methods that are known as naturopathic, integrative, complimentary, alternative and/or holistic. Many of these methods have not been accepted by consensus-mainstream medicine.

I understand that all medical and psychological information will be shared by the clinical staff to provide the most comprehensive and informed plan of care.

Some of the characteristic qualities of naturopathic, integrative and complimentary medicine that are used in this practice include the following:

1. A person's lifestyle, including his or her diet, exercise patterns, sleep habits, stresses and interpersonal relationships, is believed to be directly related to the development of illness. Complementary medicine evaluates these factors and seeks to help the patient give up negative lifestyle patterns and establish more positive ones regardless of age or type of medical problem.
2. Although prescription and over-the-counter medications are used when the physician believes it is necessary, an attempt is made to use products that are natural to the body. These include nutritional supplements such as vitamins, minerals, enzymes, amino acids, essential fatty acids, herbs, and homeopathic products.
3. In addition to recommending that a patient take nutritional supplements by mouth, we frequently recommend that a patient receive a series of injections either intravenously or by intramuscular injection. Some of the reasons for recommending this procedure include the assurance that the particular substance gets into the body (which may not happen when the supplement is taken orally and the patient has absorption problems) and achieving a high concentration of the substances in the bloodstream, which may be difficult if the substance is taken only by mouth. This route of administration may not be accepted by consensus-mainstream medicine.
4. For some patients, we recommend either classical or combination homeopathic remedies. It is based on the principle of "like cures like" and uses extremely tiny concentrations of animal, vegetable or mineral substances to stimulate the body's healing mechanisms. Although homeopathy is fairly well established in some European countries, India and other countries worldwide, it is generally not at all accepted by consensus-mainstream medicine in the United States.
5. Because we look for imbalances in the body and for trends that may result in illness if not addressed, we sometimes order tests that may be considered by consensus-mainstream medicine to be either unnecessary or of no value. These may include tests for nutritional status, such as blood levels of functional vitamin-mineral tests, levels of hormone, amino acids, essential fatty acids, neurotransmitters, immune status, candidiasis, viral syndromes and toxic chemicals, saliva test, or tests for allergies, liver detoxification and stool analysis.
6. We believe that environmental factors may play a major role in health and disease. Some of the diseases of unknown cause may be triggered or perpetuated by common environmental substances, many of which are man-made. Individuals may vary greatly in their susceptibility of various substances, so that one individual may be made deathly ill by an exposure to a substance, while another is not at all affected. We attempt to identify offending substances

and help patients to detoxify from past exposures that are affecting them.

7. We very much believe in a person's involvement in his or her own health care. We encourage you to question, explore and participate in decisions surrounding diagnostic and treatment procedures. We encourage consultation with consensus-mainstream medicine practitioners and use of any other means that a person feels he needs to help him decide about health issues.
8. We believe in the mind-body-spirit connection in bringing about wellness and preventing and dealing with illness. Consequently, part of our program may involve recommendation for counseling, meditation or psychotherapy.
9. Exercise is extremely important in maintaining health and promoting wellness as well as helping one to recover from an illness. Graded exercise, both aerobic and stretching, is encouraged for most patients.
10. We sometimes use medication that is approved by the FDA to treat one condition for the treatment of another condition for which the FDA has not approved the medication. Perhaps the best example is use of EDTA-Chelation therapy to treat many forms of atherosclerotic-cardiovascular disease and other degenerative diseases or colchicine for cancer.
11. We strongly support N.M.T. (spinal manipulation), joint injections, and/or Prolotherapy and Prolozone for many of our complimentary and alternative care patients. We recommend that patients receive a spinal and joint examination and evaluation. N.M.T. care supports the nervous system and allows for proper communication within the body. Of course, any time there is interference of/or a loss of proper brain-body communication, all systems of the body will be suppressed. The goal of N.M.T. and joint injections in this office are to ensure improved nerve and body function, which results in faster response to care and a more holistic approach to achieving health and wellness.

The above represents some of the ways that our practice may differ from other physician's offices that you have visited. You should also be aware of the following points:

1. Our practice is exclusively an office-based practice. We do not work in a hospital. Additionally, some patients come long distances to receive care at our office. Consequently, we strongly recommend that in addition to our care, you maintain a relationship with one or more physicians appropriate to your condition and situation. For example, most of you may want to have a relationship with a family physician, or an internist, or both. We are happy to cooperate with any physician who is willing to work with us.
2. We make no representations, claims or guarantees that you will be helped with your medical problems or conditions by undergoing treatment here. However, we will do our best to help you accomplish your healthcare and wellness goals.
3. In our office, we make available some nutritional supplements and other recommended products; generally, we believe the process is competitive with outside sources. (Please let us know if you find this not to be the case.) We can arrange to make some of these products available for shipping to you from this office. You are in no way obligated to purchase these products from this office. You are free to purchase these products from any source that you may choose.
4. Most health-insurance plans today have clauses which limit coverage to "usual and customary fees for reasonable and necessary services." Because many of the treatments used in naturopathic, integrative and complementary medicine are not recognized by consensus-mainstream medicine, we cannot guarantee the amount or availability of coverage for our services and treatment under your health-care insurance policy. You are responsible for the payment of our invoices at the time services are rendered without regard to insurance coverage. You are entitled to know the cost of all services and procedures in advance. Please ask if they are not told to you.

I understand that Arizona Integrative Medical Center P.C., operated by Paul Stallone, NMD has been formed to provide efficacious therapies for the treatment of various medical conditions, including immune system disorders. These therapies, many of which have been in continuous use throughout the world for decades, have been documented as effective and safe in respected



## INFORMED CONSENT AND REQUEST FOR NATUROPATHIC TREATMENT.

**I as a patient have a right to be informed** about my condition and recommended 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 care having had the opportunity to discuss potential benefits, risks, and hazards involved.

**I hereby request and voluntarily consent to examination and treatment** with naturopathic care, including homeopathic pleomorphic medicines, vitamin/supplements, IV/Ozone/Oxygen therapies, injections, manipulation, detoxification, electrodermal screening, lab testing, nutrition, and etc., for me (or for the patient named below, for whom I am legally responsible) by Arizona Integrative Medical Center, P.C. and Paul Stallone, N.M.D., a licensed Naturopathic Medical Doctor, and/or other licensed Doctors of Naturopathy, or those working or training at the office who now or in the future may treat me while employed by, working, associated, or training with, or serving as a backup for him; hereafter called *AIM health care provider*. I can request students and preceptors not to be included in my evaluation and treatment. I can request further explanation of the procedure or treatment, other alternative procedure or methods of treatment, and information about the material risks of the procedure or treatment.

**I understand the U.S. Food and Drug Administration has not fully evaluated or approved** nutritional, herbal and homeopathic supplements, compounded I.V.'s/injections, ozone therapies, electrodermal screenings, bio-identical hormones replacement therapies; however, they have been widely used in Europe and the U.S.A for years. I understand that, as with drugs, hormones, nutritional supplements, herbal and homeopathic remedies, ozone/nutritional I.V. therapies and injections 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 doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment in recommending the dietary supplements that the doctor feels at the time, based on the facts then known, is in my best interest. I have the opportunity to ask questions and discuss with Paul Stallone, N.M.D., and/or an *AIM health care provider* to my satisfaction:

- my suspected diagnosis or condition
- the nature, purpose and potential benefit of the proposed care
- the inherent risks, complications potential hazards, or side effects of the treatment or procedure
- the probability or likelihood of success
- reasonable available alternatives to the proposed treatment / procedure
- the possible consequences if treatment or advice is not followed and/or nothing is done.

**I understand that Naturopathic medicine, evaluation and treatment may include**, but is not limited to: collecting specimens for laboratory evaluation, and/or ordering diagnostic imaging, prescription of certain medications and nutritional supplements, IV therapy, medical ozone treatment/therapy, bio-identical hormone replacement therapy, injections, electro acupuncture theories of Voll (EAV/EDS) counseling, dietary therapies, and homeopathics or remedies. I understand that manual therapy including

manipulation of the joints and tissues of the body, that may include hand or instrument assisted techniques may cause cavitation (popping sound). Additional manual therapies may include: exercise, stretching and other physical modalities, various modes of physical therapy (ultrasound, diathermy, electrical stimulation, heat, ice, and traction.

**I understand and I am informed** that in the practice of naturopathy, specifically the practice of Naturopathic Manipulation Technique (NMT) there are some **risks of examination and treatment including, but not limited to:** fractures, disc injuries, strokes, dislocations, sprains, increased symptoms or pain, no improvement of symptoms or pain and adverse reactions to remedies.

**I understand that** the physicians at Arizona Integrative Medical Center, P.C. have been trained in a diverse range of diagnostic and treatment options. As such, they may recommend different tests; may interpret standard tests differently; may propose different treatments or may administer standard treatments differently than most conventional doctors. Along with training, the rationale for these differences is based on clinical experience and ongoing continuing education in evidence based naturopathic and integrative medicine.

**By signing this form**, I understand that many perspectives exist in medicine and the diagnosis or treatments given to me by the doctors and staff at Arizona Integrative Medical Center, P.C. may differ from those given by other physicians or health practitioners. I understand that other doctors may recommend different tests for the same diagnosis; may interpret the same test differently or may recommend different treatments for the same findings. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on the facts then known, is in my best interest. I further acknowledge that no guarantees or assurances have been made to me concerning the results intended from the treatment.

**By signing 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 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 and I may ask my practitioner for a more detailed explanation.

**►Participation of student/preceptor:**  Accepted  Declined

► \_\_\_\_\_  
Print Patient's Name

► \_\_\_\_\_  
Signature of Patient (or Guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

► Paul Stallone, N.M.D.  
Print Physician's Name