

AUTHORIZATION TO PROVIDE INTEGRATIVE MEDICAL CARE

I have voluntarily chosen to see Dr. Adrian Hohenwarter, MD and his staff for the purpose of medical evaluation, physical examination, testing and treatment for my health or my dependent. I acknowledge the following: Dr. Hohenwarter is not a conventional or standard Family Physician despite his conventional training at Penn State College of Medicine and his Family Practice Residency training in the U.S. Army. Dr. Hohenwarter instead combines his conventional allopathic medicine with alternative diagnostic methods and therapies. This growing paradigm of medicine is best called "Integrative Medicine" as doctors like Dr. Hohenwarter 'integrate' standard medicine as taught in US Medical schools with treatments and methods that are either unknown to standard doctors or considered to be unproven by mainstream medical authorities. Many of these treatments have not been adequately studied or approved in regard to effectiveness or safety by the FDA (US Food and Drug Administration) and other regulatory organizations. Nonetheless, I have chosen to venture outside the safety of standard "western medicine" as practiced by most of the Medical Doctors in the United States for the purpose(s) of improving my personal health and/or treat specific ailments with alternative treatments and diagnostic methods. By signing this form, I affirm that my talking and consulting with Dr. Hohenwarter is solely regarding my (or my dependent's) personal health or medical condition and not on behalf of or related to any third party or organization.

Many patients who seek Integrative Medical doctors have a long journey beforehand seeing multiple 'standard' physicians including subspecialists without satisfactory results. This failure in the patient's mind leaves them no choice but to seek care outside of the established medical community.

Although Dr. Hohenwarter has trained as a Family Physician, I agree that it is in my best interests to consult with mainstream doctors and specialists as well as Dr. Hohenwarter so that I can completely understand all of my options in regards to prevention, diagnosis and treatment of any known or yet to be discovered medical condition. Dr. Hohenwarter is happy to function as part of your 'team' of healthcare providers. Dr. Hohenwarter can advise regarding his opinion on safety and appropriateness of diagnoses, tests or treatments recommended by others. This will give the patient the best of both worlds. Dr. Hohenwarter always tries to be as comprehensive as possible in his suggested "plan" for his patients but he is aware that most patients have health insurance and may benefit from pursuing a thorough diagnostic exploration by standard physicians and subspecialists. As such, Dr. Hohenwarter may recommend pursuing second opinions or care by subspecialists if not yet done. Dr. Hohenwarter does not duplicate all services provided by multi-practitioner primary care facilities and may ask that you seek certain services from such facilities. I understand that I may have a conventional Family Physician, Pediatrician or Gynecologist in addition to Dr. Hohenwarter and that Dr. Hohenwarter does not provide emergency medical care or care outside of weekday daytime scheduled office hours.

I acknowledge that I have the opportunity to watch YouTube and other videos of Dr. Hohenwarter on the internet and review his detailed website www.dradianmd.com which outlines many of the alternative treatments and medicines that he utilizes including IV vitamins, compounded medications such as bioidentical hormones (that he makes himself), hundreds of nutritional supplements, herbs, Rx porcine thyroid pills, dietary changes, non-standard lab testing and interpretation.

Many of these treatments have not been approved by mainstream medicine, the FDA, State medical boards or other regulatory agencies as an effective or safe method to treat or mitigate disease.

I understand that with any medical treatment that there are no warranties or guarantees of success and/or absence of side effects. I agree to follow Dr. Hohenwarter's recommendations as best as possible and to follow up with him by scheduling appropriate follow-up consultations so that he may address any changes in my condition and to reassess the effects of treatments tried to date. I understand that a yearly consultation is required to receive an annual renewal prescription for medications and that Schedule III controlled substances may require more frequent visits by law.

I do not expect Dr. Hohenwarter to be able to anticipate and explain all risks and complications, and I wish to rely on his judgment in recommending the dietary supplements, medications, and treatment, that he 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 Dr. Hohenwarter up to date with all the current medications and supplements that I am taking and medical conditions, so that he can make the best-informed recommendations for my care. I understand that this is to be done during a scheduled consultation with the doctor and not done casually via fax, mail, email, texts or voicemails. I understand that Dr. Hohenwarter is not responsible for addressing test results and medical records ordered or generated by other medical facilities and providers unless specifically presented to and addressed by Dr. Hohenwarter during a scheduled office visit.

I understand that during a scheduled office visit or consultation that I have the opportunity to discuss the following with Dr. Hohenwarter to my satisfaction:

- my suspected diagnosis or condition
- the nature, purpose, and potential benefit of the proposed care
- the inherited 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 or procedure
- the possible consequences if treatment or advice is not followed and/or nothing is done

I understand that it is possible that by avoiding or stopping some mainstream medical treatments and diagnostic tests that I may be risking harm and serious consequences and that following Dr. Hohenwarter's advice does not preclude continuing or pursuing mainstream medical care unless specifically discussed with Dr. Hohenwarter. I agree to inform my other health care providers of all the treatments and test results from Dr. Hohenwarter or accept responsibility for unforeseen consequences.

I also acknowledge that no guarantees have been made to me concerning the results intended from Dr. Hohenwarter's suggested treatments.

I am fully aware that Dr. Hohenwarter does not participate with any healthcare insurance. As such, I agree to be solely responsible to pay for my medical care and treatments with Dr. Hohenwarter. I understand that I have the option to submit a claim myself to my non-Medicare Insurer but that there is no guarantee that they will reimburse me.

I understand that Dr. Hohenwarter employs various office staff that I may interact with on occasion to facilitate my healthcare. I understand that Dr. Hohenwarter may relay answers to my post-appointment questions and give simple advice in response to but this does not replace my scheduling of a formal patient visit at regular intervals and especially when there is a medical need to address new conditions or persistent or worsening past medical conditions.

I hereby consent to medical care with Dr. Adrian Hohenwarter including all visits in the future for current and yet to be discovered health matters and that all my questions regarding this Consent Form have been adequately answered. I certify that I understand the non-standard nature of his medical practice and the scope of his relationship with his patients. I understand that I may withdraw my consent and stop treatment at any time. By signing this form, I acknowledge that I have carefully read or had read to me and understand this document.

_____ PRINT PATIENT NAME _____ DATE

_____ SIGNATURE OF PATIENT (or Designated Representative)

_____ WITNESS