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INFORMED CONSENT FOR hCG DIET PROTOCOL
Based on "Pounds & Inches
A NEW APPROACH TO OBESITY"
By A.T.W. Simeons, M.D.

This form is designed to provide you with the information you will need to make an informed decision about whether participate in the hCG Diet protocol. If you have other questions, please discuss them with Dr. Clement.

Please initial the following:

_____ I understand that the benefit of weight loss includes decreasing the risk of heart disease, high blood pressure, diabetes, and cancer and the purpose of this hCG Diet protocol is for the purpose of weight loss and increased metabolism.

_____ I understand that The hCG Diet is designed to increase my metabolism while consuming a restricted calorie diet resulting in burning abnormal fat for energy. I understand that my daily weight loss may vary and that I may lose up to a pound a day yet may have a day where I actually gain weight or stay the same. At the end of the hCG Diet protocol, I understand that my normal metabolism will be increased; however, I also understand that my weight maintenance will be best achieved by exercise and my eating a healthy diet of low glycemic foods and that the weight loss during the hCG protocol will be controlled by my habits.

_____ (Female only) I understand that the use of hCG may not be used during pregnancy yet has no known risk for preventing pregnancy. By initialing this section, I declare that I am not pregnant and am not trying to become pregnant during this protocol. If I do become pregnant, I agree to stop the protocol immediately and to notify Dr. Clement. I may elect to begin the hCG protocol again at a later date when I am not pregnant or breastfeeding.

_____ (Female and male) I understand that hCG is a pregnancy hormone which given in minute amounts only acts to stimulate the hypothalamus to burn fat. I understand that I will have no side effects that would be related to pregnancy.

_____ (Female only) I understand that hCG is a pregnancy hormone that has no association with cancer. I have disclosed any history of cancer to Dr. Clement and have discussed any concerns with her regarding my history of cancer.

_____ Possible complications: I understand that there is always a possibility of infection at the site of any injection or a possibility of an allergic reaction to the hCG.

_____ Gallstones. I understand that if I have a history of gallstones, that I may develop colicky symptoms during this protocol due the lack of fat in the hCG calorie restricted diet. I understand that by participating in the hCG protocol, it is unlikely but it may be necessary to surgically remove my gall bladder. I also understand that if I consent to be treated, I may need to take specific supplements to prevent gallbladder symptoms.

_____ General Medications and Supplements: I agree to discuss all current medications and supplements that I am taking with Dr. Clement in order to decide together which ones to continue or to eliminate.

_____ Blood Pressure Medications: I understand that if I am taking blood pressure medications, my blood pressure may begin to decrease naturally with the hCG diet protocol and that my dosage may need to be lowered because of this improvement. I agree to monitor my blood pressure daily and agree to report any blood pressure results at my follow-up appointments with Dr. Clement. I disclose that I have not had a coronary occlusion in my history.

_____ Diabetes Medications: I understand that if I am on medications for diabetes, the dose may need to be adjusted due to a natural improvement of my blood sugar levels during the hCG protocol. I agree to monitor my blood sugar daily and report my results to Dr. Clement at my follow-up visits. I also understand that if I have a tendency towards being hypoglycemic, that I may need to adjust how frequently I eat to help balance my blood sugar.

_____ Disclaimer required by the FDA: I understand that hCG has not been approved by the FDA for the treatment of obesity. I understand that the FDA claims there is insufficient evidence that the weight loss on the hCG protocol is any different than weight loss on a calorie restricted diet, that the lack of hunger during the protocol is any different than a restricted caloric diet, and that the fat loss on the hCG diet is any different than a calorie restricted diet.

_____ As weight issues have complex physical and emotional components; I understand that Dr. Clement and I together will determine whether or not I am a good candidate for this treatment. I have carefully reviewed the preceding information and understand the risks and complications. I agree to voluntarily use hCG and understand that I may discontinue treatment at any time and that the success of my treatment depends on my compliance with the protocol.

Signature of patient or guardian

Date

Printed name of patient

Printed name of guardian

Mary Clement, ND Witness

Date