



INFORMED PATIENT CONSENT FORM

In providing care for your child, we may ask that you sign a copy of this document as a statement of understanding and agreement with the following diagnostic and treatment principles. These principles are disseminated from an inclusive and holistic (whole-body) approach to the practice of medicine in general; in which all aspects that may influence disease processes, including nutritional and environmental factors, are taken into account.

When applying the current accepted standard of practice in the diagnosis of Autism Spectrum Disorders (ASD) and Attention-Deficit Disorders (ADD, ADHD), there exists an identified increase in persons, namely children, that display symptoms that fall diagnostically within the aforementioned disorders. It is reasonable to conclude that due to the rapid increase in the number of these diagnosed individuals that the cause for these disorders is unlikely to result purely from genetic abnormalities; and thus an assumption of non-genetic causes and/or triggers exists. Based on these considerations, I would like to have such possible causes and/or triggers considered in the evaluation and treatment of my child.

I am seeking an approach that focuses my child as an individual, not a treatment or cure for a specific disease. I am asking Dr. Montico and associates for help in individualizing and optimizing treatment plans that are **centered around my child and their unique symptoms and physiology**, not just a diagnosis. I understand that my child's syndrome may include features that are distinct from others with ASD or ADHD (and related disorders), and my child may have symptoms (indicated on other documents during evaluation process) that are, or may appear to be separate, from body systems associated with behavior, cognition and socialization.

I understand that as a matter of public policy, no environmental cause has been proven as a link to ASD, ADHD, or related problems in children or adults. I grasp the difference between public and private health policy and insist that the threshold for reasonableness in decisions applied to any given individual, may be lower than that required for proof as applied to large groups of individuals. Moreover **I insist that my child be treated as an individual**, not solely on the basis of his/her diagnostic grouping. Therefore, borrowing from a list of possible environmental factors that have been suggested as causative of the rise of incidence in ASD, ADHD, and related problems; I desire that such factors be considered in the investigation of the biochemical, immunological and toxicological aspects of my child's symptoms.

I am familiar with the contents of writings that describe the factors associated with the rise in incidence of ASD and related problems, and the treatment approach that those writings describe. These writings include: **Autism: Effective Biomedical Treatments** (Pangborn, PhD, Baker, MD); Newsletters of the Autism Research Institute; **Children With Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder**, Third Edition (McCandless, MD); Healing the **New Childhood Epidemics** (Bock, MD); the syllabi of the meetings of the Defeat Autism Now! (DAN!) Organization; as well as various postings on the Internet that refer to the questions and theories expressed in these writings.



I desire that my child be evaluated with diagnostic steps aimed at some or all of the following factors that are referred to in the above publications or in the references cited by them. These factors include possible responsiveness to:

- Diet excluding potentially allergenic foods
- Special exclusionary diets
- Vitamin and mineral supplements
- Digestive enzymes
- Supplementation of Omega 3 oils
- Probiotics
- Antifungal agents and medications
- Adjustments in methylation chemistry including use of methyl B12 and other supplements
- Administration of various sulfurbearing substances that are broadly considered to be useful in the detoxification of heavy metals but may also be effective in providing support to the chemistry of sulfation in its other roles in human biochemistry
- Amino acid supplementation, which may be based on diagnostic evidence, addressing problems of maldigestion of proteins, malabsorption of essential amino acids, abnormalities of precursors of neurotransmitters, and deficits of sulfuramino acids
- Antiviral agents and prescription antivirals
- Various prescription medications (some being used “off label”)
- Hyperbaric Oxygen Therapy

I understand that none of the above constitutes treatment for a disease but in each case, if administered to my child, is a diagnostic measure designed to determine effectiveness. Only on the basis of initial persuasive evidence of effectiveness would any of these measures constitute more than a diagnostic test.

I understand that the judgment of such effectiveness may be based on changes in signs, symptoms and laboratory tests. I further understand that there are scientifically plausible links implied among the various causative factors in the above list, and that combinations of these measures may be helpful when single measures may fail. I understand that in my child’s record where these measures are listed in a section labeled “treatment”, that the measure constitutes a therapeutic trial and as such is a diagnostic test of efficacy.

I understand that essentially all of the above factors have been declared unproven. I understand that essentially all of the above factors may be considered unproven or “off label” by third party payers.

(See attached signature page)



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Signature Page

My acknowledgement below constitutes my consent to the diagnostic approach embodied in this document. Any specific measures taken have been or will be carried out by me, or under my supervision as a parent. To the extent that some of the diagnostic approaches embodied in this document have already been undertaken in my child's care I acknowledge that my understanding of the approaches at the time of first considering each of these steps was essentially no different than at the time of signing this document. At no time in the course of my child's care did Dr. Montico (or their multidisciplinary team) lack my completely informed consent.

Child's Name

Print Parent/Guardian Name

Print Parent/Guardian Name

Parent Signature

Parent Signature

Relationship to Patient

Relationship to Patient

Date

Date