

PRO HEALTH GROUP, INC.
ERICA LEHMAN, MD
9001 WILSHIRE BLVD, SUITE 308, BEVERLY HILLS, CA 90211
(310) 504-3700
EMAIL: ASSISTANT@PROHEALTHGROUPINC.COM

TICK-BORNE DISEASE TREATMENT CONSENT FORM

I will undergo a complete medical evaluation including history and physical examination performed by the medical doctors of ProHealthGroup, Inc. I understand that I will discuss available treatment options and be treated for one or more tick-borne diseases by the doctors and/or their representatives.

Treatment often involves the use of antibiotics, anti-inflammatory medications and possibly other therapies. My treatment options include:

- (1) Not pursuing antibiotic treatment and, if appropriate, seeking symptomatic relief for my continuing symptoms;
- (2) Treating my illness with antibiotics until clinical resolution of my symptoms, regardless of duration of treatment;
- (3) Treating my illness with antibiotics for a maximum of thirty days.

I understand that no single treatment regimen is universally successful, and it is possible that antibiotic therapy maybe of minimal or no benefit. I also understand that some or all of my current symptoms either may not be due to tick-borne disease or the symptoms may represent permanent changes to my system, in which case further antibiotic treatment may offer no benefit.

There are potential risks involved in using antibiotics. Some of the more common problems include, but are not restricted to, allergic reactions manifested as rashes, swelling, and possibly difficulties in breathing; such problems may require medications to reverse the allergy, and may even require emergency treatments. Other potential complications include stomach and bowel upset, including abdominal pain, diarrhea, and possibly even colon inflammation, which may require interruption of treatment and prescribing of other medications to manage the digestive upset. It is also possible that secondary infections, such as yeast infections of the skin, mouth, intestinal, and genital tracts may occur, resulting in discomfort and the need for corrective therapies. Although unlikely, it is also possible that the medications used in the treatment of tick-borne diseases and their symptoms may result in other problems, such as negative effects on the liver, kidneys, and other internal organs.

On the other hand, I realize that if I am indeed infected, then the risk of not taking treatment must be considered. Not receiving treatment may be more hazardous to short-term and long-term health than the potential risks of using antibiotics and other medications.

Because most of the clinical decisions made by the medical doctors of ProHealthGroup, Inc. in my case require my input in the form of honest and accurate reporting of all symptoms, willingness to agree to ongoing and reasonable testing, and follow-up office visits as often as deemed necessary, I realize that I am an active participant in the diagnostic and therapeutic process and do accept and share responsibility for any and all potential outcomes.

I will discuss the above points with ProHealthGroup, Inc. I understand and accept the treatments offered and my role in my care. I also understand that complications may result. With all of this in mind, I consent to being treated by ProHealthGroup, Inc. and/or their representatives in order to combat the effects of tick-borne disease.

Name of Patient / Legal Guardian _____

Patient's Signature / Legal Guardian _____ Date _____

Witness Signature _____ Date _____