Elevate Your Wellness Center
1520 W Branch ST
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(805) 269-6655

Elevate Your Wellness Center

Name:_____ Date:_____

DOB:_____

Welcome to Elevate Your Wellness Center (EYWC),

I would like to take this opportunity to share some general information regarding alternative approaches to cancer treatment which other individuals have explored. Alternative cancer treatments often focus on complimentary therapies that support overall wellness and may be used alone or alongside conventional medical treatments. These approaches can include dietary supplements and modifications, mind-body therapies, acupuncture, chiropractic care, IV infusions, repurposed medications, and other holistic approaches that are not the gold standard.

As a patient of Sarah Green, PA, I acknowledge that I am choosing to pursue alternative cancer treatments of my own free will. I understand these treatments are optional and may be used alongside other more controversial treatments.

Although these medications have been shown to be safe, and have been around for a long time, there are no guarantees of outcomes. Some people may experience side effects, although rare.

As a health professional, EYWC will continue to monitor labs, tests, and change medications as needed. It is important to work alongside your oncologist and primary care provider.

As a patient, I assume full responsibility for these risks.

I acknowledge that I have been advised to consult with a licensed medical professional regarding my cancer treatment options. I hereby release and hold harmless EYWC, its employees, agents and representatives from all liability, claims, or demands arising from my participation in alternative cancer treatments. This release includes but is not limited to, any claims of negligence, malpractice, or failure to warn.

I confirm that I have read this document in its entirety, understand its contents, and agree to the terms voluntarily. I understand that by signing this document, I am waiving certain legal rights, including the right to sue for any harm or loss related to alternative cancer treatments.

_____ _____

Signature Date

_____

Name