



Lyme Treatment Consent

I, _____ understand that the diagnosis and treatment of chronic lyme disease is considered controversial by some conventional physicians, even when there is a positive laboratory test result. This treatment protocol is similar to widely used and accepted protocols amongst a number of progressive “Lyme Literate” physicians in this country, but it is not considered mainstream therapy among most conventional physicians, including Infectious Disease specialists.

I acknowledge that I have read the attached position statement by the California Lyme Disease Association, “Lyme Disease and Two Standards of Care”.

It is understood that this therapeutic treatment may not be considered a conventionally accepted medical treatment but that the practitioner believes it may be of potential benefit to the patient.

Having been informed of the potential risks and benefits of Lyme Disease treatments, I hereby request to receive treatments, including antibiotics from the medical staff of Healing Path Integrative Medicine.

Signature of patient : _____ Date _____

Signature of witness: _____ Date _____