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THE NYERONGSHA INSTITUTE FOR TIBETAN MEDICINE AND CULTURE

INFORMED CONSENT Tibetan Sorig Consultations

I, the undersigned, hereby give my voluntary informed consent for the administration of treatment by the methods of traditional Tibetan “sorig” from Dr. Dickey Palden Nyerongsha, Tibetan doctor, Cynthia Chang, Oriental Medicine Doctor, and/or Dr. Donna M. Gunther, Medical Doctor.

1. I understand that the knowledge of healing, health and illness according to the indigenous Tibetan sorig tradition is wholly different from accepted modern allopathic medicine and that Tibetan sorig has not yet been established as a clinically valid practice in the United States of America.

2. I understand that no guarantees concerning Tibetan sorig or its efficacy have been given to me and that I volunteer to receive this treatment solely of my own personally held belief that it may be effective in my particular case.

3. I understand that the substances recommended and/or given me as remedies (i.e., substances compounded for my use in a manner delineated in the traditional Tibetan pharmacopoeia, not in a manner considered valid by modern pharmacology or the FDA) are prepared under the supervision of traditional Tibetan healers (not of modern pharmaceutical companies or U.S. government agencies) and are not yet recognized as effective medical treatments by modern allopathic physicians, pharmacologists, or the FDA.

4. I understand that certain reactions may result from these natural substances and that these may include, but are not limited to, aggravation of symptoms existing prior to taking these substances.

5. I understand that I have not by any of the foregoing provisions agreed to cease or to not pursue any conventional or non-conventional medical treatments and that I may continue with any other such treatment and/or seek any other professional medical opinions or treatments which I so choose.

6. I understand that the results obtained from my treatment may be published and if they are my identity will remain strictly confidential.

7. I consent to the presence of any such assistants as may be deemed necessary at the time of my consultation and treatment.

I hereby certify by my signature that I have read this entire form, that I understand all its provisions as described above, that I have discussed any questions to my satisfaction, and that nothing has been communicated to me in any manner which differs from or is in conflict with the above.

SIGNATURE

DATE

NAME (Print)

GUARDIAN
(if under 18)