WELCOME TO MEDICOR CANCER CENTRES!

This document is for cancer patients. For other conditions or disease prevention, please download the Sano Via Wellness document package.

Clinic Overview

Medicor (Latin for “to heal”) was founded in 2006 as a way to enhance cancer care provided under the public health system in Canada. We have evolved into a specialty treatment center providing highly promising scientifically rational therapies that are generally not available elsewhere. With the addition of cutting-edge medical ozone therapy, platelet-rich plasma, and advanced “functional medicine” diagnostic testing in 2018, we are now also focusing on **wellness** and **anti-aging** (which includes treating **chronic pain** and many **chronic diseases**). See: https://sanoviawellness.com

We only provide therapies that have supporting scientific evidence and are legal to use in Canada. We have solutions for **all cancer types**. As of August 2022 we are limited to treating patients 13 year of age and older.

Different health care practitioners treat problems in different ways. Our experience indicates the best outcomes often result from a combination of allopathic remedies (medications, surgery etc.) used along with non-traditional or natural therapies. This is known as ***“integrative care”.*** Our focus is to use a natural approach whenever possible and use an allopathic approach if needed.

How to Become a Medicor Patient

This New Patient Package must be completed and submitted to our office before an appointment will be booked. Forms may be submitted by fax / mail / email or in person.

Relevant medical reports should be brought to the consultation appointment (if applicable): pathology report, latest blood test report, other specific test reports, latest imaging reports, specialist’s recent consultation note or summary note. These can be obtained from your family doctor, specialist, naturopathic doctor, nurse practitioner or hospital medical records department. The consultation will be more complete if relevant medical reports are brought along.

Contact Information

Address: 4576 Yonge St, Suite 301, Toronto, M2N 6N4 (at Yonge St and Highway 401)
Phone: 416-227-0037
Fax: 416-227-1915
Email - office manager Maggie: mdelaney@medicorcancer.com

Please arrive 10 minutes before your appointment time in order to find parking, since the office location is very busy.

Limited paid parking is available in the building's parking lot and on the street outside the building. Underground parking is not available. Street parking in the neighbourhood has become very limited due to new No Parking zones, enforced daily. The nearest public parking lot is at Avondale and Yonge St (N-W corner) across from Starbucks. Check Medicor website for more details: http://medicorcancer.com/contact/

Checklist to Book Consultation Appointment

☐ Patient Questionnaire (completed and signed)
☐ General Consent Form (reviewed and signed)
☐ Email Policy (reviewed, no need to sign)

NON-CANADIAN PATIENTS ONLY:
☐ Governing Law Agreement (reviewed and signed)

Reports to Bring to Consultation Appointment:

☐ Latest blood test report, if applicable
☐ Latest scan report(s), if applicable
☐ Pathology report(s), if applicable
☐ Recent doctor's consultation note or doctor's summary note (optional)

We look forward to assisting you!

Sincerely,

The Medicor Team

MEDICOR CANCER CENTRES

MEDICAL QUESTIONNAIRE

To complete this form on your computer, please use free Adobe PDF Reader:
https://get.adobe.com/reader/

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Sex: ☐ M ☐ F

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Wid. ☐ Other _____

Street: _____ Unit # _____

City: _____ State/Prov: _____ Country: _____

Postal Code: _____

Home phone: _____ Work Phone: _____

Cell phone: _____ Fax number: _____

5. Email address: _____

6. Date of birth: (day/month/year) _____

7. Health card number: _____ VC: _____ Health card province: _____
(for Canadian patients only)

8. Do you have private health insurance? ☐ Yes ☐ No ☐ Not sure

9. Who should be contacted in case of emergency?

Name: _____ Relationship: _____

Contact numbers: _____

10. Second language (optional): _____

11. Religion (optional): _____

Revised Oct 25, 2017

CANCER HISTORY SUMMARY

What type of cancer do you have?

How was it diagnosed? Diagnosis date:

Was a biopsy obtained? ☐ Yes ☐ No ☐ Not sure

What treatments have you received?

Chemotherapy	☐ Yes	☐ No	☐ Not yet, starting soon	☐ Not sure
Radiation therapy	☐ Yes	☐ No	☐ Not yet, starting soon	☐ Not sure
Surgery	☐ Yes	☐ No	☐ Not yet, starting soon	☐ Not sure
Experimental therapy	☐ Yes	☐ No	☐ Not yet, starting soon	☐ Not sure
Natural therapy	☐ Yes	☐ No	☐ Not yet, starting soon	☐ Not sure

CANCER HISTORY DETAILS

Please describe ***briefly*** what happened that led to the diagnosis of cancer.

Please describe ***briefly*** the sequence of treatment(s), response(s), recurrence(s).

PAST MEDICAL HISTORY

Do you have (or have you ever had) any of the following? *(check only if yes)*

Disease		√	About when was it diagnosed?
Cardiovascular Disease	High blood pressure	☐	
	Angina	☐	
	Heart attack	☐	
	Heart failure	☐	
	Abnormal heart rhythm	☐	
	Blood clot (DVT)	☐	
	High cholesterol	☐	
	Other: specify	☐	
Lung Disease	Asthma	☐	
	Bronchitis / pneumonia	☐	
	Emphysema	☐	
	Other: specify	☐	
Kidney Disease	Stones	☐	
	Infections	☐	
	Kidney failure	☐	
	Other: specify	☐	
GI Disease	Stomach / duodenal ulcer	☐	
	Diverticulitis	☐	
	Reflux / heartburn	☐	
	Irregular bowels	☐	
Liver Disease	Hepatitis	☐	
	Jaundice (yellow eyes/skin)	☐	
	Other: specify	☐	
Neurological Disease	Stroke	☐	
	Seizures	☐	
	Other: specify	☐	
Endocrine Disease	Diabetes, Type 1	☐	
	Diabetes, Type 2	☐	
	Thyroid disease (specify)	☐	
	Adrenal disease (specify)	☐	
	Testicular / ovarian disease	☐	
	Other: specify	☐	

PAST MEDICAL HISTORY

Do you have (or have you ever had) any of the following? *(check only if yes)*

Problem		√	When?
Skin Disease	Eczema	☐	
	Hives	☐	
	Other:	☐	
Dental Procedures	Root canal(s)	☐	
	Filling(s)	☐	
	Implant(s)	☐	
	Root canal(s)	☐	
	Other: specify	☐	
Traumas	Physical / Injury	☐	
	Psychological	☐	
	Sexual	☐	
	Other: specify	☐	
Toxin exposure	Pesticides/herbicides	☐	
	Chemicals	☐	
	Metals	☐	
	Other: specify	☐	
Psychological Issues	Depression	☐	
	Anxiety	☐	
	Phobia	☐	
	Stress	☐	
	Other:	☐	
Sexual Issues	Erectile problem	☐	
	Menstrual problem	☐	
	Infertility	☐	
	Other:	☐	
Prostate Disease		☐	
Urinary Disease		☐	
Cancer (specify type):		☐	
Painful scars		☐	
Problems related to computer use		☐	

Do you have any other health problems or have you had any operations?

Other Health Problems / Operations	Approximate date(s)
Problems after **vaccine** or **medication**?	

SOCIAL HISTORY

Occupation

Have you ever smoked cigarettes? ☐ Yes ☐ No
How long? _____ years
How much? _____ per day
Are you still smoking now? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No
If yes, how much?
_____ drinks per day OR _____drinks per week OR ☐ occasionally

Have you ever used recreational drugs? ☐ Yes ☐ No
If yes:
Please list: _____

MEDICATIONS – CONVENTIONAL and NATURAL

Please list all of your **current medications and supplements** (name, dose and how often you take them). If you are not sure of the dose, please just list the name(s).

Name	Dose	How often

ALLERGIES / ADVERSE REACTIONS

Have you ever had an **allergy** or **adverse reaction** to any of the following?

Category	Yes √	No √	Please list
Drugs	☐	☐	
Foods	☐	☐	
Others (pollen, grass, pets, etc.)	☐	☐	

FAMILY HISTORY

Please provide the following information regarding blood relatives

Relation	List major illness (e.g. diabetes, cancer, ulcers, blood clots, heart, lung, liver, kidney disease)
Father	
Mother	
Sisters	
Brothers	
Children	☐ Not applicable How many boys? _____ How many girls? _____
Other	

ECOG PERFORMANCE STATUS

Please indicate your level of activity (check one)	√
Fully active, able to carry on all activities (same as before cancer diagnosis) without restriction.	☐ 0
Restricted in strenuous activity but walking and able to carry out light work e.g. office work.	☐ 1
Walking and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of the day.	☐ 2
Capable of only limited self-care (washing, changing clothes, going to washroom), confined to bed or chair more than 50% of the day.	☐ 3
Completely disabled. Cannot carry on any self-care (washing, changing clothes, going to washroom). Totally confined to bed or chair.	☐ 4

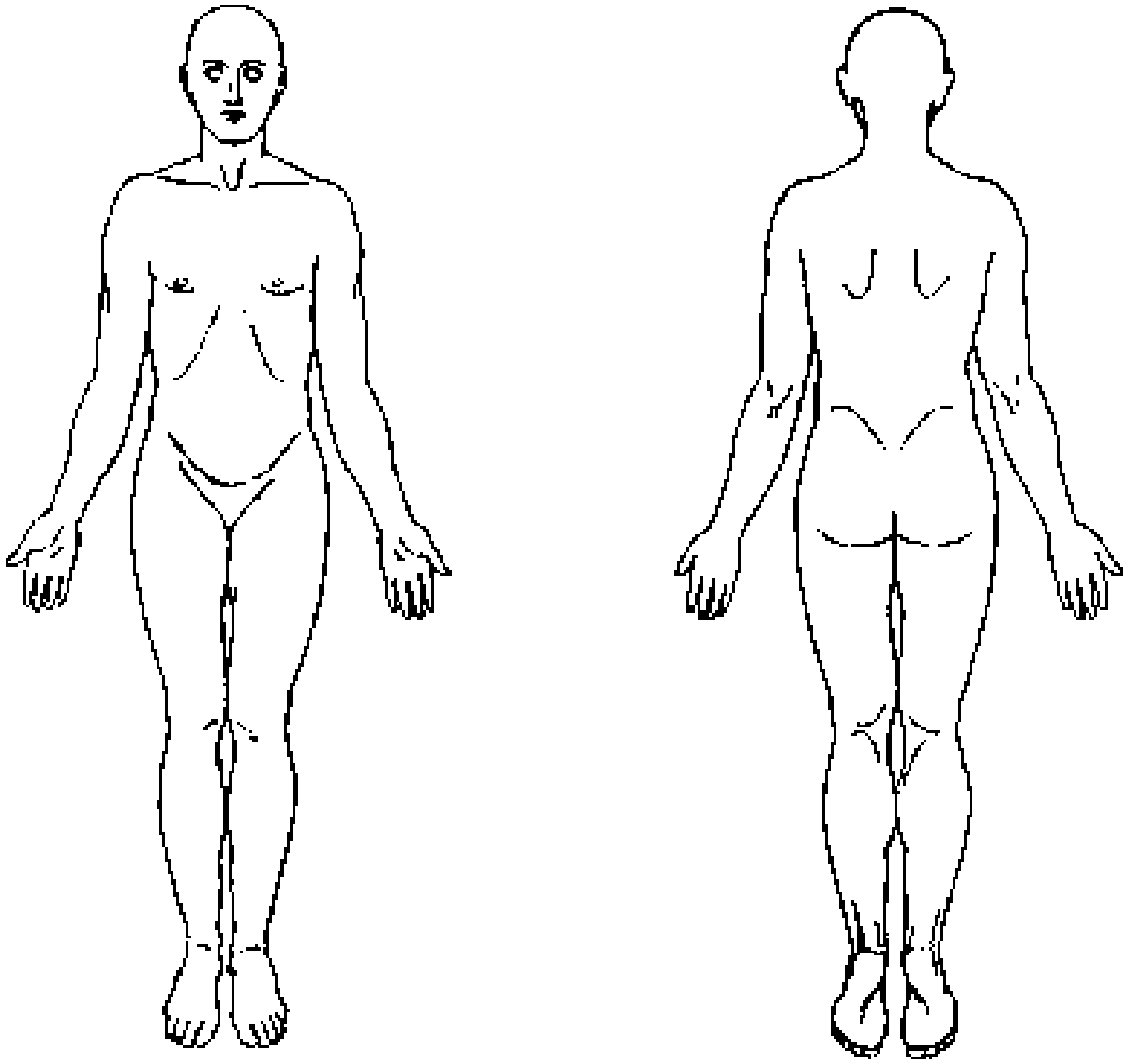
FUNCTIONAL INQUIRY - PAIN

Draw areas of pain on the body diagram.

Pain #1:
Dull / Sharp / Aching / Burning / Stabbing / Cramping / Throbbing / Tingling / Sensitive / Numb
Intensity of pain (0 = no pain, 10=worst pain ever) 0 1 2 3 4 5 6 7 8 9 10
Constant or intermittent?
What makes the pain worse?_____better?_____

Pain #2:
Dull / Sharp / Aching / Burning / Stabbing / Cramping / Throbbing / Tingling / Sensitive / Numb
Intensity of pain (0 = no pain, 10=worst pain ever) 0 1 2 3 4 5 6 7 8 9 10
Constant or intermittent?
What makes the pain worse?_____better?_____

Pain #3:
Dull / Sharp / Aching / Burning / Stabbing / Cramping / Throbbing / Tingling / Sensitive / Numb
Intensity of pain (0 = no pain, 10=worst pain ever) 0 1 2 3 4 5 6 7 8 9 10
Constant or intermittent?
What makes the pain worse?_____better?_____



FUNCTIONAL ENQUIRY

Height: ____ ft ____ in **or** _____cm Body weight: _____ ☐ pounds ☐ kg

Weight	decreasing	☐5	☐4	☐3	☐2	☐1	☐normal	☐1	☐2	☐3	☐4	☐5 increasing
Appetite	decreased	☐5	☐4	☐3	☐2	☐1	☐normal	☐1	☐2	☐3	☐4	☐5 increased
Sleep	decreased	☐5	☐4	☐3	☐2	☐1	☐normal	☐1	☐2	☐3	☐4	☐5 increased
Mood	depressed	☐5	☐4	☐3	☐2	☐1	☐normal	☐1	☐2	☐3	☐4	☐5 elevated
Energy level	decreased	☐5	☐4	☐3	☐2	☐1	☐normal	☐1	☐2	☐3	☐4	☐5 increased

Do you have any of the following:	Check a box √ (0=none, 10=worst)
Fever	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Chills	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Sweating	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Mouth sores	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Nausea	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Vomiting	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Food sticking when swallowing	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Pain when swallowing	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Constipation	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Diarrhea	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Cough	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Shortness of breath	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Dizziness	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Palpitations (feeling of abnormal heartbeat)	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Limb swelling ☐ legs ☐ arms	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Facial swelling	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Headache	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Numbness / tingling of hands or feet	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Any other parts of the body? (if yes, please list):	
Restlessness	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Confusion	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Memory problems	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Skin Rash	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Bleeding problems / bruising	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Urination problems	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
Sexual problems	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

MISCELLANEOUS

Is any "conventional" cancer treatment being offered now? ☐ Yes ☐ No

Are you or do you think you may be pregnant? ☐ Not applicable ☐ Yes ☐ No

Are you receiving nursing care at home? ☐ Yes ☐ No ☐ Not sure

Do you have a "power of attorney" for:

Personal care? ☐ Yes (name: _____) ☐ No ☐ Not sure

Finances? ☐ Yes (name: _____) ☐ No ☐ Not sure

HEALTH CARE INFORMATION

Please provide the following information about your health care providers:

Specialty	Name	Phone Number	Hospital
Family doctor			
Oncologist			
Radiation oncologist			
Surgeon			
Naturopathic doctor			
Other			

Would you like any of your doctors informed about your treatment with us?

Name: _____

Fax: _____ Email: _____

MEDICOR

As per Medicor Cancer Centres Privacy Policy, we do not give confidential personal information over the phone. If such a request is made, we may require correct answers to some questions before giving out any information. This is only for your protection. In order to do this, please provide answers to the following questions:

a. Place of birth _____

b. Favourite colour _____

How did you find out about Medicor Cancer Centres?

_____

Thank you for providing this information. Please sign and date below.

Signature: _____ **Date:** _____

Telemedicine and Email Policy

At Medicor we offer limited telemedicine and email communications to our patients. Communicating information by email can be very convenient, but it creates some issues which you should be aware of:

- The privacy and security of email communication cannot be guaranteed.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of Medicor or the patient.
- Email senders may accidentally misaddress an email, resulting in it being sent to unintended and unknown recipients.
- Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Emails can introduce viruses into a computer system, and potentially disrupt the computer (Medicor uses anti-virus software on all computers).

Medicor will use reasonable means to protect the security and confidentiality of email information sent and received. Due to the issues outlined above, Medicor requests that you understand the following:

- Emails to or from you form part of your medical record and may be printed or saved electronically by Medicor. Other individuals authorized to access the medical record will have access to those emails.
- Emails may be forwarded internally if necessary to those involved in diagnosis, treatment, reimbursement or health care operations. Medicor will not forward emails to independent third parties without your written consent, except as authorized or required by law.
- Medicor will try to read and respond to emails, but we cannot guarantee that any particular email will be read and responded to within any particular period of time. **For this reason, you should not use email for any time-sensitive matters.**
- Email communication is not a substitute for clinical examination. You are responsible for following up and for scheduling appointments with the Medicor medical team or your other doctor(s) when it is appropriate.
- If your email requests or requires a response from Medicor and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.

- You should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, mental health, or substance abuse. Similarly, Medicor will not generally discuss such matters by email (there may be rare exceptions).
- You are responsible for informing Medicor of any types of information you do not want to be sent by email.
- Medicor is not responsible for information loss due to technical failures.
- Emails will be encrypted during transmission using SSL.

Instructions for Communication by Email

To communicate by email, please do the following:

- Limit or avoid using an employer's computer.
- Inform Medicor of any changes in your email address.
- Include in the email:
  1) patient name
  2) a description in the email's subject line (e.g., "prescription renewal')
- Review the email to make sure it is clear and that all needed information is provided before sending to Medicor.
- Take precautions to preserve the confidentiality of emails.

Should you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on email. Rather, you should:

- call Medicor for advice, or
- call your family doctor or specialist for advice, or
- go to the nearest hospital Emergency Department, or
- take other appropriate action

Telemedicine and Email Fees

The email and telemedicine services at Medicor are not covered by Government Health insurance in Canada. Individual services are available to all patients and are generally billed according to time spent by your Medicor medical practitioner.

MEDICOR CANCER CENTRES

Required for all new patients

CONSENT AND DIRECTION FOR INTEGRATIVE MEDICAL CARE

I hereby confirm that I have elected to receive **"Integrative Care"** at Medicor Cancer Centres ("Medicor") which consists of advanced tests and treatment / prevention strategies that blend **allopathic medicine** ("conventional" medicine) with **naturopathic medicine**. My care may involve one or the other or a combination of the two, according to my request and the recommendations of my healthcare team.

Allopathic medicine involves diagnosing diseases and treating the diseases and / or the symptoms of the diseases (mainly) with surgical procedures or synthetic drugs.

Naturopathic medicine involves the treatment and prevention of diseases by natural means. Naturopathic doctors use gentle, non-invasive techniques in order to stimulate the body's own healing capacity. A number of the following approaches may be used for treatment or prevention:

Diet and nutritional supplements are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity and general well-being.

Botanical medicine is a plant-based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and/or disease.

Homeopathy is a form of medicine that uses a tiny dose of the same substance which causes adverse symptoms in healthy people. These minute doses of natural chemicals are used to stimulate the body's ability to heal itself.

Asian medicine includes the use of acupuncture, Eastern herbs, and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or strong teas to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

Physical medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems.

Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system

Lifestyle counseling involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

I understand that Medicor provides integrative care based on scientific research, but the tests, treatments and prevention strategies used at Medicor are considered to have only preliminary scientific evidence of effectiveness. I understand that the College of Physicians and Surgeons of Ontario (CPSO) and College of Nurses of Ontario consider these tests, treatments and prevention strategies to be unproven and not within the usual practice of medicine in this province. I understand that the CPSO expects my conventional medical doctors to respect my treatment choices, and failure to respect my choices is viewed as unprofessional behaviour.

Potential Benefits

I understand that:

- Medicor's integrative cancer care may improve my condition (e.g. slowing or stabilization or reversal of cancer, prevention of cancer, improvement of quality of life)
- Medicor's integrative cancer care may enhance the effects of other treatments if taken according to the instructions given to me by my practitioners
- Medicor's integrative care may reduce the need for potentially harmful treatments
- The exact likelihood of the benefits of integrative cancer care is not known, but there is a reasonable chance of benefit with relatively low risk
- The comparison of integrative cancer care against conventional cancer care is unknown (this is generally the case because studies comparing the two are not available)
- It is typically expected to take at least 2 - 3 months before we can tell if integrative cancer care is effective
- Medicor may collect information from my care to help doctors and patients learn more about my condition, and that this information may be used to help future patients (my privacy will always be maintained in this process)

Potential Risks

I understand that:

- Patients may rarely experience an allergic reaction to medication, supplements or herbs
- There could be minor pain, bruising, fainting or injury from taking blood tests or from acupuncture or injections or infusions
- My therapy may cause side effects and I will be watched carefully for any side effects
- As with conventional therapies, not all the side effects that may happen are known
- As with conventional therapies, side effects may be mild or serious
- I may be given medicines to lessen side effects
- Integrative treatments may interact with other medications I am taking, and my health care team will advise me of potential interactions
- Integrative treatments may interfere with other therapies if I do not follow the instructions given to me by my health care team

Unknown Side Effects

I understand that:

- integrative care may cause side effects which are as yet unknown, and unpredictable
- integrative care may not be effective, but is unlikely to worsen my condition

Monitoring for Side Effects

I understand that:

- while receiving integrative care I will be monitored to ensure safety, and for effectiveness
- the exact monitoring will depend on the nature of my condition, my age, my underlying medical conditions, my concurrent medications and other factors
- in most cases, a detailed assessment and tests will be done at the start of treatment, and ongoing assessment will generally be performed on a regular basis

Follow-Up

I understand that while receiving integrative care I will be monitored to ensure safety, and for effectiveness. For telemedicine patients or patients who cannot attend in person regularly at the office: I confirm that I have a local doctor who will be the primary doctor monitoring my care and treatment according to the plan I receive from Medicor.

Costs

I understand that I am responsible for the cost of integrative treatment since the medicines prescribed and the services of naturopathic doctors are not funded by Government Health Insurance and may only be partially funded by Private Medical Insurance. I will also be responsible for the costs of any tests that may be necessary but are not covered under Government Health Insurance or Private Medical Insurance. I have a right to know any costs of tests and treatments in advance. All rates are subject to change from time to time and the current rate will be available on request from the office manager.

I understand that my practitioner's time (e.g. naturopathic doctor or nurse practitioner) is charged per 15 minutes (+ sales tax for non-medical services like forms completion). This includes in-person visits, telephone advice and email advice. The current rate is available from the office manager.

Telemedicine / Email

I have read and understand the **Medicor Telemedicine / Email Policy**. I understand the risks associated with telemedicine and email communication, and I consent to the conditions outlined in the policy.

_____ **Initial**

Treatment is Voluntary

My decision to undergo treatment at Medicor is entirely voluntary. I understand that:

- I may discontinue treatment at any time
- Treatment may be stopped if the health care staff determine that it is in my best interests
- The results of integrative treatments are not guaranteed. No guarantee or assurance has been made by anyone from Medicor
- The Medicor office and building are monitored by CCTV cameras for security reasons, but my privacy will be maintained according to current regulations.

Not Collecting Information for Regulatory Bodies

I confirm that I am seeking medical advice / medical care at Medicor solely concerning my own health or that of a family member or friend. My dealings with Medicor are not for the purpose of collecting information for, or providing information to a regulatory, enforcement or investigative agency of any kind. If I make a false declaration regarding any of the above, I waive all protection afforded under the Regulated Health Professions Act Section 36(3), and I understand I may be prosecuted for committing fraud.

_____ **Initial**

Dr. Khan's Current Role

I understand that Medicor Medical Director Dr. Akbar Khan does not have a medical license and is currently working in the capacity of research, oversight of medical staff, oversight of patient care and quality asurance. Medicor Naturopathic Doctor (ND) and Nurse Practitioner (NP) are prescribing the powerful prevention and treatment protocols that Dr. Khan and his colleagues have developed and fine-tuned over the last 17 years.

Consent to Integrative Care

I have been given the opportunity to read this form and ask questions of Medicor staff. Any questions have been answered to my satisfaction. I voluntarily consent to integrative care, and I accept the risks associated with it.

Patient's Signature (or legal substitute)	**Printed Name**	**Date**

Governing Law and Jurisdiction Agreement
(For Non-Canadian Patients Only)

I agree that:

a) all parts of the relationship between me and Medicor Cancer Centres Inc., as well as its agents, delegates, employees, and any physicians and other independent health care practitioners providing health care and treatment to me, or in association with Medicor Cancer Centres Inc., including without limitation any medical or other health care and treatment provided to me, and

b) the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement,

shall be governed by and interpreted according to applicable laws of Ontario and Canada.

I accept that the health care and treatment I receive from Medicor Cancer Centres Inc. will be provided in the Province of Ontario, and that the Courts of the Province of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that health care and treatment, or from any other part of my relationship to Medicor Cancer Centres Inc.

_____
Date

_____ X_____
Name of Patient (Please print) Signature of Patient or
Substitute decision-maker on behalf of patient

Medicor Cancer Centres, 4576 Yonge St, Suite 301, Toronto, ON, M2N 6N4
tel (416) 227-0037 fax (416) 227-1915