



## CONSENT AND DIRECTION FOR LDN

I hereby confirm that I would like to receive **low dose naltrexone** ("LDN") which will be prescribed by Dr. Akbar Khan, MD in cooperation with my naturopathic doctor.

I understand that LDN is used to increase the level of natural endorphins (such as OGF / opioid growth factor) within the body. I understand enhancing natural endorphins has been found to regulate immune function and cell growth in lab studies and in preliminary human studies. I understand that LDN may help to maintain health or prevent disease based on these preliminary scientific findings.

I am aware that the LDN is a promising health promotion tool but has not yet been proven to be effective for prevention or treatment of disease. I understand that the College of Physicians and Surgeons of Ontario considers LDN to be unproven and not within the usual practice of medicine in this province, and LDN is not approved in Canada for prevention or treatment of any condition.

## Potential Benefits

I understand that:

- it is hoped that LDN may have benefits such as prevention of disease or maintenance of health
- the likelihood of these benefits is unknown
- my doctor(s) may collect information from my care to help other doctors learn more about LDN, and that this information could help future patients
- my privacy will be maintained at all times in this process

## Potential Risks

I understand that:

- naltrexone has been studied for safety on human use in doses that are about 10 times higher than LDN
- LDN is likely safe, but it is not know for sure
- I may have side effects while receiving LDN
- I will be watched carefully for any side effects
- doctors don't know all the side effects that may happen
- side effects may be mild or very serious
- I may be given medicines to help lessen side effects
- most side effects go away soon after I stop taking LDN
- LDN may interact with other medications I am taking

## Common Side Effects

I understand that:

- LDN can cause insomnia and vivid dreams
- These side effects may be preventable with supplemental medication (which will be prescribed with LDN if needed)
- LDN can cause a withdrawal reaction consisting of pain, sweats, chills, nausea and vomiting if it is used in someone who is taking regular daily opiate pain medications like codeine, morphine, fentanyl, hydromorphone, oxycodone or methadone

## Uncommon Side Effects

I understand that:

- Some studies indicate that naltrexone can be toxic to the liver. These studies used doses in the range of 300mg per day which is about 100 times higher than low dose naltrexone or LDN which is doses in the range of 2 to 5 mg per day.

### Unknown Side Effects

I understand that:

- LDN can cause side effects which are as yet unknown, and unpredictable
- LDN may not be effective at preventing disease or maintaining health, but is unlikely to worsen my health

### Monitoring for Side Effects

I understand that:

- while receiving LDN I will be closely monitored to ensure safety
- the frequency and choice of monitoring will depend on my age, my underlying medical conditions, my concurrent medications and other factors

### Reproductive Risks – for women

I understand that:

- I should not become pregnant while taking LDN, because the effects of LDN on an unborn baby are not known
- reliable birth control approved by my family doctor must be used while receiving LDN (if applicable)
- I should not breastfeed a baby while receiving LDN

### Reproductive Risks – for men

I understand that:

- I should not father a baby while taking LDN
- reliable birth control approved by my family doctor must be used while receiving LDN (if applicable)

I acknowledge that my decision to receive LDN is entirely voluntary. I understand and appreciate that I may discontinue LDN at any time. My decision to discontinue LDN will not affect my medical care. I further understand and appreciate that LDN may be terminated if the medical staff so determine that it is in my best medical interests.

When purchasing LDN from Sano Via Wellness/Medicor clinic, I understand that the clinic is owned by a family member of Dr. Khan. I understand that any diagnostic tests or treatment prescribed for me by Dr. Khan will only be for my benefit, and that I have a choice of where I may obtain such diagnostic tests or treatments.

I understand that specific health outcomes from taking LDN are not guaranteed. I acknowledge that no guarantee or assurance has been made by anyone regarding LDN. I have been given the

opportunity to read this form and discuss it with Dr. Khan and/or my naturopathic doctor, and to ask any questions I may have. My questions have been answered to my satisfaction. I voluntarily consent to receive LDN and I accept all the risks associated with it. I am aware of all the conventional allopathic prevention and/or treatment strategies for my care, and I still wish to receive LDN.

I confirm that I am seeking LDN treatment solely for reasons concerning my own health, not for the purpose of collecting or providing information to a regulatory, enforcement or investigative agency of any kind.

Costs

I understand that I am responsible for the cost of the LDN for my treatment, as it is not funded under Ontario Drug Benefits.

_____	_____	_____
Patient's Signature	Printed Name	Date

_____	_____	_____
Witness' Signature	Printed Name	Date

_____	_____	_____
Clinic Staff Signature	Printed Name	Date