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PATIENT CONSENT FORM

To Whom It May Concern:

May I ask that you sign a copy of this document and return it to Bio Energy Medical Center. Your signature will document your understanding and consent of the following principles and practice. There has been a rising incidence in the US and elsewhere of problems in children that fall diagnostically within a spectrum of autistic disorders (ASD) and possibly related attention problems (ADHD). To the extent that any individual displays symptoms of ASD and ADHD, he or she may be a participant in the rising incidence of these problems. To the extent that these problems are increasing in incidence beyond any measure that could be attributed to a purely genetic cause (which would be stable in incidence over long periods) any participant in the increase may be assumed to have causes consistent with environmental factors. Based on such considerations I would like to have such causes considered in the evaluation of my child. In asking Dr. Neuenschwander for help in optimizing the options for my child I have been aware that my child's syndrome includes many features that are not necessary to diagnose ASD or ADHD in a given child and may include symptoms related to other body systems than behavior, cognition and socialization. These symptoms are indicated on the questionnaire and other documents introduced at the initial visit. I was not seeking a treatment or cure for a disease such as Autism, but rather an approach focusing on my child as an individual. Is there something of which this person should be rid, which would result in better function? I understand that as a matter of public policy, no environmental cause has been proven link to ASD or ADHD or related problems in children or adults. I grasp the difference between public and private health policy and insist that the threshold for reasonableness in decisions applied to any given individual

may be lower than that required for proof as applied to large groups of individuals. Moreover I insist that my child be treated as an individual, not solely on the basis of his or her diagnostic grouping. Therefore, borrowing from a list of possible environmental factors that have been suggested as causative of the rise of incidence in ASD, ADHD and possibly related problems I desire that such factors be considered in the investigation of the biochemical, immunological and toxicological aspects of my child's problems. I am familiar with writings or the contents of writings that describe the factors associated with the rise in incidence of ASD and related problems. These include the Newsletters of the Autism Research Institute, Biomedical Assessment Options For Children with Autism and Related Problems, by Pangborn, J and Baker, SM. Published by The Autism Research Institute, Biological Treatments for Autism and PDD, by William Shaw, PhD, Children With Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder, Second Edition, by Jaquelyn McCandless, MD, the syllabi of the meetings of the Defeat Autism Now! (DAN!) Organization, The Chemistry of Autism, by Baker, SM et all presented at the Autism Research Institute™ Defeat Autism Now! Conference in Philadelphia PA, April 2008, as well as various postings on the Internet that refer to the questions and theories expressed in these writings.

I desire that my child be evaluated with diagnostic steps aimed at some or all of the following factors that are referred to in the above publications or in the references cited by them. These factors include possible responsiveness to:

- Nystatin, Sporanox, Nizoral, Diflucan, Lamisil, oral amphotericin B, Saccharomyces boulardii, and other over the counter antifungal substances.
- Diet excluding yeasts, molds, and sugars
- Diet excluding casein and gluten
- Diet excluding starches (Specific Carbohydrate Diet as described in Breaking the Vicious Cycle by Elaine Gottschall
- Administration of various sulfur bearing substances that are broadly considered to be useful in the detoxification of heavy metals but may also be effective in providing support to the

chemistry of sulfation in its other roles in human biochemistry. These compounds are reduced glutathione, thiamine tetrahydrofurfuryl disulfide (TTFD), and alpha lipoic acid, n-acetyl cysteine, and Epsom salt baths.

- Vitamin and mineral supplements
- Supplements of certain amino acids, which may, depending on diagnostic evidence, address problems of maldigestion of proteins, malabsorption of essential amino acids, abnormalities of precursors of neurotransmitters, and deficits of sulfur amino acids.
- Supplements of omega 3 oils
- Methylcobalamin (methyl B12)
- Folic acid, folinic acid (leucovorin), 5-methyltetrahydrofolate (Folapro)
- Vitamin B6 and Magnesium
- Vitamin A
- Acyclovir or related antiviral compounds
- Probiotics
- Oral transfer factor
- Digestive enzymes
- Oral immune globulin
- Intravenous Immune globulin if I request referral to a doctor who gives it.
- Secretin
- Aricept

I understand that none of the above constitutes treatment for a disease but in each case, if administered to my child, is a diagnostic measure designed to determine effectiveness. Only on the basis of initial persuasive evidence of effectiveness would any of these measures constitute more than a diagnostic test. I understand that the judgment of such effectiveness may be based on changes in signs, symptoms and laboratory tests. I further understand that there are scientifically plausible links implied among the various causative factors in the above list and that combinations of these measures may be helpful when single measures may fail. I understand that in my child's record, where any of

these measures is listed in a section labeled treatment that the measure constitutes a therapeutic trial and as such is a diagnostic test of efficacy. I understand that essentially all of the above factors have been declared unproven. I understand that essentially all of the above factors may be considered unproven or experimental by third party payers.

My acknowledgement below constitutes my consent to the diagnostic approach embodied in this document. Any specific measures taken have been or will be carried out by me or under my supervision as a parent. To the extent that some of the diagnostic approaches embodied in this document have already been undertaken in my child's care I acknowledge that my understanding of the approaches at the time of first considering each of these steps was essentially no different then than at the time of signing this document. At no time in the course of my child's care did Dr. Neuenschwander lack my completely informed consent.

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