

Consent to investigation and/or treatment

- (1) I, _____, hereby consent to undergo the investigation and/or treatment for possible or actual fibromyalgia/insomnia, ordered by or to be performed by Dr. Mark Doidge.
- (2) The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and I have understood them.
- (3) I also consent to such additional or alternative investigations, treatments or procedures as in the opinion of Dr. Mark Doidge are immediately necessary.
- (4) I further agree that in his or her discretion, Dr. Mark Doidge may make use of the assistance of other physicians, and medical staff (including trainees) and may permit them to order or perform all or part of the investigation, treatment, or procedure, and I agree that they shall have the same discretion in the investigation and treatment as Dr. Mark Doidge.
- (5) Counselling, education, psychotherapy, including cognitive behavioral therapy, can be beneficial to patients, but results vary and there is no guarantee. Generally these treatments are safe, and are non-invasive. As in any treatments involving personal issues, there is some potential to stir up emotions. Going untreated can carry risks of their own. Cognitive behavioural therapy for insomnia is generally considered the recommended first-line treatment for insomnia.
- (6) I understand that Dr. Doidge and associates sometimes do research.

Please check one box below:

I do consent to my information being used for research provided my personal identifiers are not used, such as, but not limited to, my name, picture identification, numbers, etc.

I do not consent to my information being used for research.

Date: _____
day / month / year

Patient: _____ Healthcare Provider Signature: _____