Consent for Subcutaneous Mistletoe Administration

Introduction
Traditional mistletoe prescribing aims to improve and maintain quality of life, and improve the outcome of cancer treatments. Tumor remissions have been reported and seem to depend on dosage and way of administration (for example, intratumoral and intravenous). Using mistletoe may improve immune responses and side effects from conventional therapies.

In summary, I understand that:
1. The aim of mistletoe administration is to increase the function of the immune system and lessen the side effects of chemotherapy.
2. Subcutaneous mistletoe administration is well tolerated and safe (see caution).
3. Subcutaneous administration of mistletoe may produce symptoms of mild to moderate immune stimulation: with rare flu-like symptoms, chills and fever, and local inflammation and swelling typically maximizing at half-dollar size. These are symptoms of immune stimulation and not of cancer growth, and usually settles within a day or two and don't require treatment.

Caution, for patients on Mistletoe Therapy:
4. Symptoms of hypersensitivity (allergy) rarely result from mistletoe though they have been reported.
5. Symptoms of hypersensitivity range from minor generalized skin rashes (hives / nettle rash / itchiness) to more extensive rashes. These symptoms typically settle quickly and if they persist and are troublesome, will respond to simple antihistamines (Benadryl).
6. Very rarely, symptoms of severe allergy (anaphylaxis) develop: with marked un-wellness, shortness of breath and lowering of blood pressure. Drug-induced anaphylaxis is an immediate, generalized and serious allergic reaction and is a medical emergency requiring emergency medical care though such reactions are exceedingly rare- mistletoe therapy is widely used in European countries and only rare anecdotal reports of true anaphylaxis has been reported. Extensive experience has deemed mistletoe medically safe.

I have understood the principles, aims and effects of subcutaneous administration and I am satisfied with the information that I was given

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Patient Name                     Signature of patient                  Signature of Doctor
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