



WELCOME TO THE OFFICE OF DR. TRETHART

Dr. Trethart has practiced alternative and preventative health care in Edmonton, Vancouver and Toronto and brings more than 30 years of experience in integrative, nutritional and alternative medicine to his patients.

Dr. Trethart's foundation of all treatment begins with the establishment of a supportive patient-physician partnership. Dr. Trethart is committed to the philosophy of continuing patient education where patients will be given the opportunities to learn about the health implications of their particular lifestyle choices. Dr. Trethart is also committed to providing patients with the support needed to take greater responsibility for determining and controlling their own health care treatment.

Dr. Trethart believes that healing is a process of education, lifestyle changes and treatments. He will strive to improve and maintain overall health wellness of an individual through in-depth testing, specialized data collection and observation.

The office of Dr. Tris P. Trethart is a health centre dedicated to facilitating your unique healing process. Our team of health care professionals deliver an innovative process of functional and integrative medicine that is based on extensive medical research and time-tested holistic practices.

We are committed to working with you in realizing your health goals and providing you with the utmost quality of service and care on your path to optimum health and wellness.

TRIS P. TRETHART PROFESSIONAL CORPORATION

Dr. Tris P. Trethart M.D., CCFP, CCT

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www.doctortrethart.com



Biography of Tris P. Trethart, M.D., CCFP, CCT

Dr. Tris Trethart is a graduate of The University of Manitoba, having completed a Family Practice Residency Program and holds a membership with The College of Family Physicians of Canada. He is a past board member of the Advisory Council of Grant MacEwan University's Holistic Practitioner Program. He is also a past founding member and Secretary Treasurer of the Canadian Complementary Medicine Association and founding member of the Holistic and Complementary Medicine Society of Alberta. Dr. Trethart focuses on Alternative and Complementary Medicine including Chelation and Bio-oxidative Therapies, Anti-Aging, Regenerative and Restorative Medicine and Ortho-molecular, Preventative and Nutritional Medicine. Dr. Trethart has practiced preventative health care in Edmonton, Vancouver and Toronto and brings more than 30 years of experience in nutritional and alternative medicine to his patients.

Dr. Trethart has been a Diplomat Candidate of The American College for the Advancement of Medicine for the past 25 years with a diploma as a Certified Chelation Therapist. Dr. Trethart's Chelation and Intravenous Clinic is the longest standing clinic in Edmonton. He is enrolled in the Masters program at South Florida University in Anti-Aging Medicine. He is currently working towards his Fellowship in Anti-Aging Medicine with the American Academy of Anti-Aging Medicine. He is a member of numerous associations including Association For The Advancement of Restorative Medicine, Orthomolecular Medical Association, American Academy of Anti-Aging Medicine and The Institute of Functional Medicine.

Dr. Trethart is one of the pioneers in the field of Alternative and Preventative Medicine in Canada. He has trained with many of the top physician pioneers across North America including Dr. Alan Gaby, Dr. Jonathan Wright and Dr. Thierry Hertoghe.



TREATMENT TIER OPTIONS FOR ALTERNATIVE THERAPIES NOT COVERED BY ALBERTA HEALTH – UNINSURED SERVICES

Dr. Trethart offers three different treatment package options. These treatment packages relate to alternative and other therapies that fall outside of those funded by the Alberta Health Care System. Please carefully review each treatment plan below and check your selected option.

OPTION 1

Includes Three (3) Alternative Therapy Consultations with Dr. Trethart, ELISA Food Allergy Test and a Urine Toxic Metals Kit in the following time frame:

FIRST VISIT: (45 minutes to 1.5 hours)

- Consultation with Dr. Trethart
- Review of completed general health questionnaire
- Blood draw for Elisa Food Allergy Test
- Patient instruction for home testing kit
- Patient will be requested to go to DynaLife Laboratory for blood work. (Please come to this appointment fasting for at least 12 hours if possible).

SECOND VISIT: Two weeks after first visit. (45 minutes to 1.5 hours)

- Consultation with Dr. Trethart to review DynaLife laboratory blood tests
- Initiate nutritional program
- Return of home testing kit.
- ***It is imperative that the Home Testing Kit be returned to Dr. Trethart's clinic on this second visit in order to have results for the Third Visit. I understand that by not returning the Home Testing Kit on this visit will delay my third visit and treatment plan*.**

THIRD VISIT: Six weeks after first visit. (45 minutes to 1.5 hours)

- Review and recommendations of Elisa Food Allergy Test and Urine Toxic Metals Kit.
- Expand nutritional and/or treatment program.

Please initial here to confirm your agreement with the procedures outlined for
Option 1 _____

*Please see attached detailed information on all Test Kits.



TREATMENT OPTIONS FOR ALTERNATIVE THERAPIES NOT COVERED BY ALBERTA HEALTH – UNINSURED SERVICES

Dr. Trethart offers two different treatment package options. These treatment packages relate to alternative and other therapies that fall outside of those funded by the Alberta Health Care System. Please carefully review each treatment plan below and check your selected option.

OPTION 2

Includes Three (3) Alternative Therapy Consultations with Dr. Trethart, ELISA Food Allergy Test, GI Effects Stool Kit and Urine Toxic Metals Kit in the following time frame:

FIRST VISIT: (45 minutes to 1.5 hours)

- Consultation with Dr. Trethart
- Review of completed general health questionnaire
- Blood draw for Elisa Food Allergy Test
- Patient instruction for home testing kits
- Patient will be requested to go to DynaLife Laboratory for blood work. Please come to this appointment fasting for at least 12 hours if possible).

SECOND VISIT: Two weeks after first visit. (45 minutes to 1.5 hours)

- Consultation with Dr. Trethart to review DynaLife laboratory blood tests
- Initiate nutritional program
- Return of all home testing kits.
- ***It is imperative that all Home Testing Kits be returned to Dr. Trethart's clinic on this second visit in order to have results for the Third Visit. I understand that by not returning the Home Testing Kits on this visit will delay my third visit and treatment plan*.**

THIRD VISIT: Six weeks after first visit. (45 minutes to 1.5 hours)

- Review and recommendations of Elisa Food Allergy Test, GI Effects Stool Kit and Urine Toxic Metal Kit.
- Expand nutritional and/or treatment program.

Please initial here to confirm your agreement with the procedures outlined for Option 2_____

***Please see attached detailed information on all Test Kits.**



OPTION 3

Includes Three (3) Alternative Therapy Consultations with Dr. Trethart, ELISA Food Allergy Test, GI Effects Stool Kit, Urine Toxic Metals Kit and **ION Profile Kit** in the following time frame:

FIRST VISIT: (45 minutes to 1.5 hours)

- Consultation with Dr. Trethart
- Review of completed general health questionnaire
- Blood draw for Elisa Food Allergy Test
- Patient instruction for home testing kits
- Patient will be requested to go to DynaLife Laboratory for blood work. Please come to this appointment fasting for at least 12 hours if possible).

SECOND VISIT: Two weeks after first visit. (45 minutes to 1.5 hours)

- Consultation with Dr. Trethart to review DynaLife laboratory blood tests
- Initiate nutritional program
- Return of all home testing kits.
- ***It is imperative that all Home Testing Kits be returned to Dr. Trethart's clinic on this second visit in order to have results for the Third Visit. I understand that by not returning the Home Testing Kits on this visit will delay my third visit and treatment plan*.**

THIRD VISIT: Six weeks after first visit. (45 minutes to 1.5 hours)

- Review and recommendations of Elisa blood allergy test, GI Effects Stool kit, Urine Toxic Metal Kit and **ION Profile Kit**.
- Expand nutritional and/or treatment program.

Please initial here to confirm your agreement with the procedures outlined for Option 3 _____

***Please see attached detailed information on all Test Kits.**



THE PROCESS

1. PRE-ASSESSMENT PREPARATION

It is important that you prepare for your initial assessment with Dr. Trethart ahead to time.

- **Completion of Questionnaire**
Take time and care in filling out the questionnaire provided to you in this package. Do not do this at the last moment and bring this with you to your first appointment.
- **Prepare a List of Current Medications and/or Supplements and Bring to Your First Visit**
- **Review and Complete all Consents**

2. FIRST VISIT (45 Minutes)

Please Note: We cannot proceed without your questionnaire or signed consents

- Your appointment will begin with a consultation with Dr. Trethart consisting of a history, assessment and examination. Dr. Trethart will order all necessary diagnostic testing which may include lab work from DynaLife Dx Laboratory and/or any other diagnostic tests to further assess your overall health and wellness. After seeing Dr. Trethart our staff will explain the requirements for the Home Testing Kits and will be available to answer any questions you may have. You will then see our Registered Nurse to get a blood draw for the Elisa Food Allergy Test.

3. SECOND VISIT (45 - 60 Minutes) Two Weeks After First Visit

Please Note: It is imperative that all home testing kits be returned to Dr. Trethart's clinic on this second visit in order to have results for the third visit.

- When you arrive at our office you will meet with a staff member to return your home testing kits. Staff will ensure that all necessary demographic information and documentation is complete.

- Your appointment will then proceed with a consultation with Dr. Trethart to review and interpret your received diagnostic data. Dr. Trethart will then initiate a basic nutritional program to start you on the path of healing and well being. Dr. Trethart will recommend suggested reading materials in order for you to better understand his philosophy of healing strategies. Dr. Trethart feels that it is essential for all patients to be well informed with regards to all aspects of lifestyle changes for optimum healing.
- You may be required to meet with Dr. Trethart's assistant to further clarify any questions or concerns you may have.

For all Option 3 patients you will be required to come to this appointment fasting in order to have further blood drawn with our registered nurse for the ION Profile

4. THIRD VISIT (45 – 60 Minutes) Six Weeks After First Visit

- Dr. Trethart will discuss in detail the various diagnostic results of all outsourced testing kits. Dr. Trethart will then outline an expanded comprehensive individualized treatment protocol based on these findings. This program may include:
 - a supplementation and nutritional program
 - oral or I.V. detoxification program
 - stress reduction
 - immune-enhancing strategies
 - bio-identical hormonal therapy
 - anti-aging modalities
 - lifestyle enhancement
- You may be required to meet with Dr. Trethart's assistant to further clarify any questions or concerns you may have.

Dr. Trethart requires follow up visits every two - three months (or sooner if needed) in order to ensure he is treating your originating conditions effectively and to make necessary adjustments to update or modify your program.

Dr. Trethart and his staff look forward to guiding you on your path to recovery and wellness.



DR. T.P. TRETHART PROFESSIONAL CORPORATION

PATIENT INFORMED CONSENT/CONSENT FOR UNINSURED SERVICES

Diagnostic and Treatment Options

I, _____, have chosen to consult Dr. Tris P. Trethart about my health concerns and understand the nature of his practice.

I understand that he is a medical doctor that has a special interest in alternative and complementary medicine who incorporates many alternative diagnostic and therapeutic techniques into his practice.

I understand that Dr. Trethart does not act as a family physician and I am proceeding on the basis that I have access to a regular family physician as Dr. Trethart does not provide general primary care.

I understand that many of the diagnostic and treatment options may not be covered under Alberta Health and Wellness and that I will be charged an “uninsured service” fee of \$80.00 per visit. This fee includes coaching and counseling in relation to your specific nutritional and health education through diet, vitamin and lifestyle changes.

I understand the choice(s) that I have to receive those traditional diagnostic and treatment therapies. I confirm my understanding that it is my personal decision to choose complementary/alternative diagnostic and treatment therapies which are not insured under the Alberta Health Care Insurance Act and which I understand are based on an integrated approach to the treatment of my present or future medical condition(s) for which I may consult Dr Trethart on an ongoing basis.

Where applicable and where indicated I confirm that I have consulted with my regular physician and/or my specialist(s), and that I have followed the advice provided to me by them as I see fit. I confirm that I fully informed Dr. Trethart of the advice provided to me by my regular physician and/or specialist(s) and where necessary, have outfitted Dr. Trethart with written documentation from them concerning my condition(s).

I hereby confirm that it is my personal and fully informed decision to consent to uninsured complementary/alternative diagnostic and treatment therapies as described in the Alberta Medical Association’s guidelines as discussed with me by Dr. Trethart and I have in no way been coerced by Dr Trethart or any of the staff of Dr Trethart’s office in reaching my decision and signing this Informed Consent Form.

Payment for Services

I hereby agree to pay for any uninsured services provided to me by Dr. Trethart in my diagnosis and/or treatment and that these fees will be explained to me before any treatment commences.

Name: _____ Date: _____

Signature _____ (Name & signature of parent /guardian of minor child)

Witnessed by: _____ Date: _____



NEW PATIENT AGREEMENT

Welcome to our clinic. At Dr. Trethart's clinic we strive to provide you with the highest quality of service and care on your journey to optimum wellness, in a positive, professional and harmonious environment.

In an effort to serve you in the best possible manner we would like to kindly draw your attention to the following policies of Dr. Trethart's clinic:

1. Cancellation Policy

Please note that a late cancellation or "no show" prevents other patients from the benefits of our services, at the same time making it very difficult to fill a patient appointment time on short notice.

Therefore, if you must cancel or reschedule your appointment, please kindly give **at least 2 business days notice** by calling the office at 780-433-7401 during business hours (Monday – Friday 9:00 AM – 11:45 AM and 1:15 PM – 3:30 PM). **A fee of \$300.00 will be charged for all cancellations or "no shows" made with less than 2 business days notice. This fee will be directly billed to the patient and no further appointments will be booked until payment is received.**

We greatly appreciate this consideration.

2. Confidentiality

Respecting your privacy is important to our office. At Dr. Trethart's clinic, all personal information arising from our relationship with each and every one of our patients is considered highly sensitive and private.

Therefore, in an effort to prevent wrongful disclosure of information to anyone other than **YOU**, we require that you provide below **your preferred telephone number for direct contact as well as for voice messages.** () _____

If you have any questions related to the policies and procedures outlined above, please call our Medical Office Manager at 780-757-9133.

I realize that I can terminate therapy at any given time.

Please **sign** to confirm your acceptance of the above New Patient Agreement:

Signature: _____

Print Name: _____ **Date:** _____

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