

Clinic

Application

Dear Sir or Madam,

Thank you for your interest in the Gerson Therapy. To be considered for admission to the Clínica Nutrición y Vida (Nutrition and Life Clinic), your case needs to be evaluated by the clinic's doctors, to make sure that you are physically able to do the Gerson Therapy.

Clínica Nutrición y Vida is located in Playas de Tijuana, Mexico. This clinic a separate, privately-owned business run by Gerson-trained doctors. However, it is licensed by the Gerson Institute, which ensures that patients receive true Gerson care.

Your case can be evaluated at no charge, a service that the Gerson Institute facilitates as a non-profit organization. We also coordinate the application process for patients considering going to the clinic.

The minimum stay at the clinic is two weeks but we recommend a three-week stay for optimal results. The cost for the treatment is \$5,500 US per week. Patients are required to bring a companion - i.e. spouse, relative, friend- to assist the patient during their stay. The \$5,500 US per week includes room and board for the companion.

Please submit the medical records on the attached list along with the enclosed Medical Summary and Medical Records Release forms. After the Gerson clinic doctors have reviewed all the information, we will contact you within four business days. If you are approved, we will send you an Admission packet with information on payment, transportation, what to bring, and permission forms.

I look forward to hearing from you.

Sincerely,

Gerson Institute
PO Box 161358
San Diego, CA 92176
P. 619.685.5353
F. 619.685.5363
info@gerson.org
www.gerson.org

Documentation Required

Important: Please read the notes below before you send the required documentation:

- **Mail or fax** the required documents. We are not able to accept them via email.
- Please do not send more than **30 pages total**. If you have more than this amount, please choose the most relevant medical reports within the past year.
- The **evaluation process** takes up to **four business days**. We will be calling you back with the response from the doctors.
- If the patient is unable to eat, drink or eliminate; has obstructions; kidney failure; metastases to the brain; is bedridden or undergoing chemotherapy, please contact the Gerson Institute before you send the documentation.
- A **passport** is required to re-enter the United States.

Please send a **copy** of the following documents to **PO Box 161358, San Diego, CA 92176 or by fax at +1.619.685.5363:**

1. **Medical Summary Form**, pages 3-5.
2. **Medical Records Release Form**, page 6.
3. **Photo ID** (i.e. driver's license or passport)
4. **Medical history from the past year**, including currently prescribed medications.
5. **Complete Blood Count** (CBC) report - less than 3 weeks old
6. **Comprehensive Metabolic Panel Blood** report - less than 3 weeks old. (This test will include values such as Calcium, Potassium, Sodium, Bilirubin, Glucose, etc.)
7. **Urine analysis**
8. **Pathology report** (Biopsy)
9. **CT Scan, MRI, Ultrasound or X-Ray** written report(s) (film or CD is not required)
10. **Surgical procedure** report

MEDICAL SUMMARY FORM

ONLINE FORM

PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY. DO NOT USE ABBREVIATIONS.

First name: _____ Middle initial: _____ Last name: _____

Street address: _____ City: _____

State/Province: _____ ZIP Code: _____ Country: _____

Main phone: _____ Work phone: _____

Alternative phone: _____ email: _____

Alternative person to contact: _____ Relation to patient: _____

Phone: _____ Spouse Name: _____

How did you hear about us? ☐ Friend/Relative ☐ Doctor ☐ Internet
☐ Documentary ☐ Patient ☐ Book

Languages you speak: _____

☐ Female

☐ Male

Age: _____ Date of Birth: _____
MM/DD/YYYY

Height: _____ ☐ ft

☐ m

Weight: _____ ☐ lb

☐ kg

1. Current diagnosis: _____

2. Original date of diagnosis: _____ 3. Location of primary tumor (if any): _____

4. Describe any metastases: _____

5. Type of cancer: _____ 6. Stage (I - IV): _____ 7. Grade: _____

8. Chemotherapy use? ☐ Yes ☐ No

If yes, number of cycles: _____ Date of last treatment: _____ ☐ Currently under chemotherapy

9. Radiation use? ☐ Yes ☐ No

Date of last treatment: _____ ☐ Currently under radiation

10. Hormone Therapy use: ☐ Yes ☐ No Date when treatment started: _____

11. Any surgeries within the past 5 years? ☐ Yes ☐ No

Description: _____ Date: _____

_____ Date: _____

12. Was there any recurrences after treatment(s)? ☐ Yes ☐ No

If yes, location: _____ Date: _____

13. Are you able to **eliminate**? ☐ Yes ☐ No

14. Are you **constipated** ? ☐ Yes ☐ No

15. Are you **bedridden** ? ☐ Yes ☐ No

16. Is there any difficulty to **walk** ? ☐ Yes ☐ No If yes, describe: _____

17. Do you require a **wheelchair**? ☐ Yes ☐ No

18. Are you on **dialysis** ? ☐ Yes ☐ No

19. Do you require **oxygen**? ☐ Yes ☐ No

20. Any **fluid in lungs/chest cavity**? ☐ Yes ☐ No If yes, was the fluid removed? ☐ Yes ☐ No
Volume removed: _____ Date: _____

21. ¿Any **fluid retention in abdomen** ? ☐ Yes ☐ No If yes, was the fluid removed? ☐ Yes ☐ No
Volume removed: _____ Date: _____

22. Do you have a **colostomy** ? ☐ Yes ☐ No

23. Do you have an **ileostomy** ? ☐ Yes ☐ No

24. Any **internal or external bleeding** ? ☐ Yes ☐ No If yes, describe: _____

25. History of **mental/emotional illness**? ☐ Yes ☐ No If yes, describe: _____

26. Have you ever taken any **recreational drugs**? ☐ Yes ☐ No
If yes, which ones? how much and for how long?: _____

27. Do you or have you ever **smoked**? ☐ Yes ☐ No Frequency and quantity: _____

28. Do you drink **alcohol**? ☐ Yes ☐ No Frequency and quantity: _____

29. Do you do any **exercise activities**? ☐ Yes ☐ No If yes, describe: _____

30. Have you recently **lost weight**? ☐ Yes ☐ No If yes, how much and since when? _____

31. Have you ever been exposed to **agricultural or environmental chemicals/toxins**? ☐ Yes ☐ No
If yes, describe: _____

32. What do you do for a living? _____ 33. How many **hours do you work per week**? _____

34. Where were you **raised**? _____

35. Have you had **any accidents or injuries** in the past? _____

36. Please check any of the following **factors or symptoms that you are currently experiencing** (check all that apply):
☐ Asthma ☐ Hypertension ☐ Nausea/Vomiting ☐ Heart problems ☐ Diabetes ☐ Epilepsy
☐ Hepatitis ☐ Blood clotting problems ☐ Pneumonia ☐ Arthritis ☐ Respiratory problems ☐ Other: _____
☐ Allergies to foods or drugs: _____

37. Do you have any **foreign bodies**?
☐ IUD ☐ Biliary stent ☐ Breast implants ☐ Saline ☐ Silicone ☐ Coronary stent - when placed? _____
☐ Mouth abscesses ☐ Mercury fillings ☐ Root canals ☐ Abdominal teflon mesh ☐ Steel plate/screws ☐ IV access port
☐ Heart valve

38. Please describe your **diet as a child/adolescent**

39. Please describe your **diet as an adult**

Please describe your **current diet** by answering the following questions:

40. How many **juices a day** do you drink? _____ **When** did you start taking juices? _____

Volume of each juice: ☐ 8 oz ☐ 4 oz How many of each?: Carrot/Apple: ☐ Green: ☐ Carrot: ☐ Orange: ☐

41. How many **coffee enemas** do you take daily? _____ **When** did you start taking them? _____

42. Please describe your daily **meals**:

Breakfast:	<input type="checkbox"/> Oatmeal <input type="checkbox"/> Yogurt <input type="checkbox"/> Bacon <input type="checkbox"/> Eggs <input type="checkbox"/> Bread <input type="checkbox"/> Rye bread <input type="checkbox"/> Honey <input type="checkbox"/> Apple sauce <input type="checkbox"/> Fruits <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Milk <input type="checkbox"/> Orange juice <input type="checkbox"/> Cereal <input type="checkbox"/> Pastry <input type="checkbox"/> Other: _____
Lunch:	<input type="checkbox"/> Hippocrates soup <input type="checkbox"/> Cooked vegetables <input type="checkbox"/> Baked potato <input type="checkbox"/> Rye bread <input type="checkbox"/> Pastry <input type="checkbox"/> Salad <input type="checkbox"/> Yogurt <input type="checkbox"/> Meat (chicken, beef, fish, pork) <input type="checkbox"/> Pasta <input type="checkbox"/> Fried foods <input type="checkbox"/> Other: _____
Dinner:	<input type="checkbox"/> Hippocrates soup <input type="checkbox"/> Cooked vegetables <input type="checkbox"/> Baked potato <input type="checkbox"/> Rye bread <input type="checkbox"/> Pastry <input type="checkbox"/> Salad <input type="checkbox"/> Yogurt <input type="checkbox"/> Meat (chicken, beef, fish, pork) <input type="checkbox"/> Pasta <input type="checkbox"/> Fried foods <input type="checkbox"/> Other: _____

43. **Prescription Medications** you are currently taking:

44. **Supplements** you are currently taking:

45. **Energy level:** ☐ N/A ☐ Low ☐ Medium ☐ High

46. **Pain level:** ☐ N/A ☐ Low ☐ Medium ☐ High

47. **Which educational materials (books and DVDs) have you already read/watched?**

- | | |
|---|--|
| <input type="checkbox"/> Healing the Gerson Way book, by Charlotte Gerson | <input type="checkbox"/> DVD Vol 1 - Overview and Patient testimonials |
| <input type="checkbox"/> Gerson Therapy Patient's Handbook | <input type="checkbox"/> DVD Vol 2 - Gerson Therapy at Home |
| <input type="checkbox"/> A Cancer Therapy, by Dr. Max Gerson | <input type="checkbox"/> DVD Vol 3 - Food Preparation |
| <input type="checkbox"/> The Gerson Miracle DVD | <input type="checkbox"/> The Beautiful Truth DVD |

I certify that all answers to the above questions are honest and accurate to the best of my knowledge.

Date: _____

Patient's signature: _____

Medical Records Release Form

I _____ hereby authorize the Gerson Institute to release copies of any and all medical and administrative records to the Clínica Nutrición y Vida, S.C., that are required to be considered for admission to the clinic.

Patient's Signature

Date

Print name

Frequently Asked Questions about the Clinic

- ***How can I apply to become a patient at a CNV?***

You can download the clinic application here. The application has a medical summary form that you will need to fill out, and a list of the medical records and blood tests required for evaluation. Please fax or mail the complete application to the Gerson Institute, as instructed on the application. We cannot accept applications by email. Once we receive a patient's complete application, they can expect to hear back within two business days.

- ***Do I need to come in for a consultation or appointment first? Should I come to the clinic or the Gerson Institute to apply in person?***

No, the clinic doctors do a thorough evaluation of each individual case, based on the patient's medical records and blood work, to determine if they are a good candidate for the Gerson Therapy. The application is sent to by fax or by mail; there is no need to apply in person or come in for an appointment.

- ***How quickly can I be admitted to a treatment center? Is there a long waiting list?***

You must go through the application process and be accepted as a patient before we can reserve you a room and arrange for your arrival. It usually takes about 15 days from the time a patient is accepted to the time they can arrive to check in at the clinic.

- ***Does the clinic accept any kind of payment plans? Can I pay in installments, or use a credit card?***

No, the fees for the clinic can only be accepted upfront, prior to the patient's arrival at the clinic. The clinic is usually not covered by insurance or Medicare.

- ***Do I need to bring someone with me?***

Yes. Every patient is required to bring a companion with them, and their fees are included in the total cost of treatment. The patient can be a friend, relative, spouse, or any person who will be assisting him or her with the Gerson Therapy at home.

- ***What is the role of the companion? Will they undergo the Gerson Therapy as well?***

The companion comes to support the patient, and to learn the Gerson Therapy, so that they can assist the patient in continuing to implement the Gerson Therapy once they return home. Room and board are provided for the companion, as well as three Gerson meals with three juices per day. As the companion is not attending the clinic as a patient, they do not undergo the full Gerson protocol.

- ***How many patients can stay at the clinic at one time?***

There are 10 rooms at the clinic in Mexico, so we can accommodate 10 patients and their companions at a time.

- ***How do I get to the clinic? Do I fly into Tijuana or San Diego? Do I need a passport to enter the country?***

Most patients fly in to San Diego International Airport, as it is the major airport closest to the clinic. There is a paid transportation service, which can take you from San Diego down to the clinic's front door. It is necessary to have a passport in order to re-enter the United States. Please, do not make any travel arrangements until you have been accepted as a patient.

- ***Is Tijuana safe? I've heard a lot of bad reports in the news about the drug wars down in Mexico.***

While we are aware of people's safety concerns regarding Tijuana, our patients have never had any troubles in that regard, and we take every precaution to ensure our patients' security. A paid transportation service takes patients directly from San Diego to the clinic's front door. CNV is located in a safe, suburban neighborhood by the beach. Charlotte Gerson herself drives down to Tijuana every week to visit patients at the clinic!

Frequently Asked Questions about the Clinic (Cont.)

- ***Do the doctors and staff speak English?***

Yes, the doctors and staff at CNV are all fluent in both English and Spanish. If the patient does not speak English or Spanish, they will need to bring a companion who can translate for them.

- ***Does Charlotte Gerson still work at the clinic?***

While Charlotte is not on CNV's medical staff, she drives down to the clinic every Wednesday to have lunch and visit with patients.

- ***Does CNV have a website I could visit? I'd like to see photos of the facility.***

Yes, CNV's website is <http://www.clinicanutricionyvida.com>. For pictures of CNV, check out this YouTube video with a slideshow of photos: <http://www.youtube.com/watch?v=bzadKoOEIAM> (Note: when this video was posted, CNV was called Baja Nutri Care --only the name has changed; everything else is still the same).

- ***When will I start to see results? Will a two-week stay at the clinic be enough to rid me of my illness completely?***

When a patient goes to one of our clinics, they are merely beginning the healing process. **A cancer patient will need to follow the Gerson Therapy for at least two years after leaving the clinic.** Most patients will go through their first healing reaction within the first week or two, and will begin to see changes in their blood work in that time period as well. There is no set timeline for when a patient will begin to see physical changes such as tumor reduction or elimination --healing is a very individual process, and there are many variables that affect how long it can take for a patient to heal (i.e., diet, diagnosis, whether or not a patient has already been through conventional treatments, etc).

- ***What happens after I leave the clinic? Do I need to return to the clinic for check-ups?***

After you leave the clinic, you will go home and continue the Gerson Therapy protocol as prescribed by the clinic doctors. Most patients do not return to the clinic, unless they opt to return for another stay there. Patients do follow-up consultations with the doctors by phone, by sending their blood work and medical records for the doctors to review, so that the doctors can track their progress and adjust the protocol as needed.

- ***I am currently undergoing chemotherapy. Can I still apply to the clinic while I am taking chemo?***

No. Chemotherapy works in conflict with the Gerson Therapy, which detoxifies the body in order to restore the body's natural defenses. **If a patient has undergone chemotherapy, they need to wait a minimum of 2-3 weeks after their last treatment to begin the Gerson Therapy.** At that point, they need to begin the Gerson Therapy at a modified level, so that they do not detoxify too quickly. For this reason, we recommend that any patient pre-treated with chemotherapy begin the Gerson Therapy at a clinic, so that they can be safely and gradually introduced to the therapy under a doctor's supervision.

- ***I'm very interested in undergoing the Gerson Therapy, but I simply can't afford to go to a clinic. What other options do I have?***

The Gerson Therapy can be self-administered entirely from home, using the instructions in the Home Package, the set of books and DVDs that contain the full instructions for the Gerson Therapy. Ideally, a patient undergoing the Gerson Therapy from home would see a licensed Gerson practitioner, but if there are no local Gerson doctors, it is best to follow up with a naturopath, or a doctor friendly to and familiar with natural healing. A patient doing the therapy from home can also look into hiring a certified caregiver or attending one of our Gerson Basics Workshops to learn the basics of the Gerson Therapy so that they can practice it from home.