



## Preparing for Your Visit

What is the primary goal of your visit?

1. Education about vaccinations and immunity
2. Education about infectious diseases and symptoms of disease
3. Desire to change the proposed vaccination schedule
4. Desire to select and/or defer certain vaccines
5. Desire to defer receiving any and all vaccines
6. Concerned that you feel that your child has experienced an adverse vaccine reaction
7. Questions about the current laws regarding vaccinations in the state of California
8. Know your rights as a parent with regards to vaccinations
9. Know the rights of your child who is 12 years old or older to receive vaccinations without your knowledge or consent
10. Know the rights of your child who is 12 years old or older to refuse any vaccinations that might be offered to them when not in your presence
11. Discuss your own comfort level with the potential outcome of disease brought about by your decision to vaccinate or not to vaccinate
12. Understand that you must assume some form of risk with any of your decisions
13. What lab testing is available
14. And any other questions that you can think of. Please write them down and bring them with you as it is quite easy to forget them once you're at the office. We want you to be as knowledgeable and prepared as you possibly can be

**All forms must be fully completed** so that the physician can best help your child with their unique family history and circumstances.

**All prior vaccination** and **medical** records that support any “diagnosis” that you might have been given by a medical provider **must be brought** to your child’s appointment.

Do **your own** research prior to your visit. *Educate **yourself*** as much as possible. We have posted a wealth of information on our website that is easily accessible addressing vaccinations, vaccine adverse reactions, immunity and infectious disease. Please access these resources.

Most importantly, know that you are entering a very *comfortable* and *safe* environment during your visit. We are here to *listen, educate, ask questions* and *help guide you* in making the **best decision for you and your family**. Whatever your final decision is, there will be *no judgement* or *abrasive actions* taken on our part. This is **your choice**. We are here to *fully support* you down the path **that you choose** to take.

We look forward to meeting you and your family very soon.

Sincerely,

***William S. Clark, DO***  
**Medical Director**  
**Integrative Medicine Fellow**