

ACUPUNCTURE AND ORIENTAL MEDICINE INFORMED CONSENT FOR TREATMENT

I, _____, hereby authorize the Licensed Acupuncturist to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

Acupuncture: insertion of sterilized, disposable needles through the skin into underlying tissues as specific points of the body.

Electro-acupuncture/MPS (Microcurrent Point Stimulation): acupuncture combined with mild electrical stimulation.

Cupping: a technique in which glass, bamboo, or plastic cups are therapeutically placed on the skin with a vacuum created by heat or other device.

Gua Sha: friction on an area of the body with a blunt, round instrument

Herbal Therapy: may be given in the form of pills, powders, tinctures, pastes, plasters, or other forms such as raw herbs to be cooked. Cooked herbs may be given to be used internally or externally. Herbal formulas include plant, shell, mineral, and animal sources and are considered traditionally safe in Chinese medicine.

Infra-red lamp (TDP): therapeutic heat applied indirectly to the body.

Moxabustion: direct/indirect burning of moxa on acupoints

Tuina: an ancient massage used to treat a variety of common disharmonies.

Dietary Advice: based on Traditional Chinese Medical Theory.

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: local discomfort, pain, numbness, tingling, infection, or blistering; temporary discoloration of the skin or bruising; nausea, abdominal discomfort, headache, lightheadedness, and possible acute aggravation of symptoms existing prior to treatment.

Potential benefits: drugless relief of presenting symptoms and improved balance of bodily energies, which may lead to prevention or elimination of the existing complaint and an overall increase in wellness.

Notice to Pregnant Women: All female patients must alert the practitioner if they know or suspect they are pregnant. While acupuncture and Oriental medicine is safe while pregnant, there are precautions and adjustments necessary during pregnancy.

Notice to patients with bleeding disorders or pace makers: Such patients must inform the acupuncturist of having either one of these conditions.

With this knowledge, I consent to the above procedures, realizing that no guarantees have been given to me by the acupuncturist or related personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I understand that a record will be confidentially kept of the health services provided to me and will not be released to others unless so directed by myself or my representative or if it is required by law.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature of Patient

Date

Signature of Patient Representative or Guardian

Date

