

## Informed Consent for Acupuncture Treatment

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures (or the patient named below for whom I am legally responsible) by the Oriental Medicine Doctor named below and/or other Oriental Medicine Doctors who now or in the future treat me while working or associated with, or serving as a backup for the Oriental Medicine Doctor named below. Whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping and gua sha, electrical stimulation, breathing techniques, exercise therapy, Tui-Na, Chinese or Western herbal therapy and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, numbness, or tingling near the needling sites that may last a few days and dizziness or fainting. I understand that I should not make significant movements while the needles are being inserted, retained or removed. Bruising is a common side effect of cupping and gua sha. Unusual and rare risk of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, mineral and animal source) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue.

I understand that the herbs need to be consumed according to the instructions provided orally and/or in writing. I understand that some herbs may have an unpleasant taste or smell. I will immediately notify the Oriental Medicine Doctor of any unanticipated or unpleasant side effects associated with the consumption of herbs. I will notify the Oriental Medicine Doctor if I become pregnant.

I do not expect the Oriental Medicine Doctor to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the Oriental Medicine Doctor to exercise judgement during the course of treatment, which the Oriental Medicine Doctor thinks at the time, based on facts known, and is in my best interest. I understand that results are not guaranteed.

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 the 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.

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Print Name of Patient

\_\_\_\_\_  
Print Name of Doctor

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Signature of Patient

\_\_\_\_\_  
Signature of Doctor

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Date Consent Completed