

Informed Consent

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed, or any other office or clinics, whether signatories to this form or not.

I understand that the methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, *tui-na* (traditional Chinese medical massage,) *gua sha* (Chinese therapeutic scraping), Chinese herbal prescriptions, and nutritional and lifestyle counseling. I understand that herbs may need to be prepared and decoctions consumed according to instructions provided orally and in writing. The herbs may have an unpleasant odor or taste. I will immediately notify a member of the clinic staff of any unanticipated or unpleasant effects associated with the consumption of herbs. I will keep the clinic staff informed of all pharmaceutical drug or nutritional supplements, which I have been prescribed, or I am taking, in order to allow proper timing and dosage of Chinese herbal prescriptions.

I have been informed that **acupuncture** is a generally safe method of treatment, but that it may have some **side effects, including bruising, numbness or tingling near the needling sites** that may last several days, and **dizziness or fainting**. **Bruising is a common side effect of cupping or *gua sha***. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile, single-use, disposable needles and maintains a clean and safe environment. Burns and/or scarring are a possible risk of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other risks may be present and other side effects may occur. The herbs and nutritional supplements (which are from plant, mineral and occasionally animal sources) that have been recommended are traditionally considered safe in the practice of Asian Medicine, although some may be toxic in extreme 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 will notify the clinic staff member who is caring for me if I am or become pregnant.**

I do not expect the clinical staff to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise sound judgment during the course of treatment which the clinical staff thinks at the time, based upon all facts then known, are in my best interest. **I understand that results are not guaranteed.**

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above 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 from this clinical staff.

PATIENT SIGNATURE **X**

Date:

(or Patient Representative- Please indicate relationship to patient)

CLINIC SIGNATURE **X**

Date: