

INFORMED CONSENT FOR CHINESE MEDICINE TREATMENT



I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures on me (as listed below), or the patient named below, for whom I am legally responsible, by the acupuncturist named below.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping & gua sha, breathing techniques, exercise therapy, Tui-Na (Chinese massage), Chinese or western herbal medicine, 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. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is a possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. I understand that I should not make significant movements while the needles are being inserted, retained, or removed. One side-effect of cupping and gua sha may be bruising or temporary skin discoloration. 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 sources) 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 in writing. I will immediately notify the acupuncturist of any effects associated with the consumption of the herbs.



I will notify the acupuncturist who is caring for me if I am or become pregnant, or I have a bleeding disorder. I will notify the acupuncturist of any significant changes in my health, or new diagnoses by my primary medical physician. I understand that my acupuncturist encourages me to see a primary medical physician in conjunction with acupuncture, and herbal treatments. I do not expect the acupuncturist to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment. 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 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.

Printed name of patient

Patient (or representative) signature*

Date

Printed name of patient representative*

*Note: patient representative should sign if patient is a minor, or otherwise unable to sign for him or herself.