

I. PATIENT ADVISORY TO CONSULT A PHYSICIAN

Life Acupuncture and Oriental Medicine is committed to your health and well being. We believe that while Oriental Medicine has a great deal to offer as a health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, we recommend that you consult your primary care physician regarding any condition(s) for which you are seeking acupuncture treatment.

We, the undersigned, do affirm that _____ (patient) has been advised by Jennifer Long, Licensed Acupuncturist, to consult a physician regarding the condition(s) for which such patient seeks an acupuncture treatment.

Patient Signature

Date

Jennifer Long
Licensed Acupuncturist

Date

II. INFORMED CONSENT FOR ACUPUNCTURE TREATMENT

I, _____, consent to acupuncture treatments and other procedures associated with the practice of traditional Oriental Medicine provided by Life Acupuncture. I have discussed the nature and purpose of my treatment with the member of the clinical staff named below.

I understand that methods of treatment may include but are not limited to acupuncture, moxibustion, cupping, electrical stimulation, and bodywork therapies such as Tui Na (Chinese medical massage).

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 also dizziness or fainting. Bruising is a common side effect of cupping. Rare and unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this site uses sterile, single use 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 (from plant, animal and mineral sources) which may be 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, diarrhea, rashes, hives, and tingling of the tongue.

I will notify Life Acupuncture if I am, or become pregnant.

I do not expect Life Acupuncture to be able to anticipate and explain all possible risks and complications of treatment.

I understand that Life Acupuncture may review my medical records and lab reports, and that portions of my records may be used for treatment purposes only. Otherwise, all of my records will be kept confidential and will not be released to any party without my written consent.

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.

To be completed by patient (or patient’s representative if the patient is a minor or is physically or legally incapacitated).

Date Consent Completed

Print Name of Patient

Signature of Patient or Representative

Print Name of Patient Representative and Relationship

Jennifer Long, Licensed Acupuncturist