

# **TRADITIONAL ACUPUNCTURE**

**Mila Zimmerman, M.Ac., L.Ac.**

I hereby voluntarily consent to be treated with acupuncture administered by Mila Zimmerman, a licensed acupuncturist. The procedures involved in this treatment have been fully explained to me. I understand I will be treated with the insertion of single-use, sterile, disposable needles and/or the application of heat on or near the surface of the body, and/or by suction cups applied to the skin. I have not been guaranteed any success concerning the uses and effects of acupuncture. I have informed my practitioner if I have any of the following: pacemaker or other electrical implant, bleeding disorder, or if I am currently pregnant. I understand that I am free to discontinue treatment at any time.

I understand that acupuncture may result in certain side effects, including not limited to local bruising, slight bleeding, fainting, slight pains or discomfort at the site of needle insertion, and temporary aggravation of symptoms existing prior to treatment. Conventional medicinal therapy may also be indicated, either in response to an emergency or as deemed necessary in the discretion of a licensed physician.

I have been advised that if there is a worsening of my ailment or condition, or if it does not improve within the time estimated by the acupuncturist at the beginning of treatment, or if a new ailment or condition arises, I should consult a licensed physician. If I am presently under the medical care of a physician, I have been advised to continue any such medication as has been prescribed by him/her until such time as he/she deems it appropriate to reduce or discontinue such treatment.

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**Printed name of patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signed by patient or guardian**