



INFORMED CONSENT FOR TREATMENT

Acupuncture is part of a large medical system called Chinese Medicine that includes other therapeutic modalities. This medical system relies on your body's innate healing capacity and requires each person to take responsibility for their own health by participating in the healing process. **In some cases, symptoms may relapse or intensify temporarily**

during the course of treatment before relieve is sustained. Every patient participates with the acupuncturist in a healing partnership. The statements below describe some of the therapeutic modalities which may be employed during treatment, and assist in patient understanding in the treatment process.

Acupuncture: I understand that it is a technique using small, sterile, stainless needles inserted at specific points in the body, causing a positive response in order to correct various ailments. **Only disposable needles are used.** The location of the application of the needles and the depth of the needle insertion is determined by the nature of the problem. I understand that the application of these needles may be accompanied by a brief painful sensation, and that there is a slight possibility of minor swelling, bleeding, discoloration of the skin, hematoma, a bruise at the needling site or fainting. Momentary euphoria or light-headedness may occur after acupuncture treatment. The attending acupuncturist can easily handle any immediately reported problems that arise from the acupuncture treatment, and the possibility of minor problems need not be a cause of concern.

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture as part of the treatment and it consists of electrical stimulation of the acupuncture needles involve using small, battery-powered stimulator attached by wires to the acupuncture needles. A slight throbbing or tingling sensation may be felt during and for a few hours after the use of this stimulator. This modality is usually employed for pain management and other specific conditions.

Moxibustion: I understand is the application of indirect heat supplied by burning the herb *Folium Artemisiae Vulgaris* (commonly known as mugwort) over a single acupuncture point or a group of points. This generally produces a pleasurable sensation of relaxation. The area being treated may remain red and warm for several hours after treatment. In rare incidents, a minor burn may occur at the site of moxibustion. The attending acupuncturist can readily address this.

Cupping: I understand it uses round vacuum cups over a large muscular area, such as the back, to enhance blood circulation to the designated area. This method may produce a deep redness, discoloration and on rare occasions, a minor blister which may persist for up to several days. These marks may resolve on their own and are not indications of complications or injuries.

Qi Gong: Chinese for "energy work", I understand it is a non-invasive healing modality that predates the use of acupuncture needles, and incorporates the same therapeutic basis as acupuncture.

Herbal Supplements: I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. Herbs are used to facilitate the body's own restorative process. The herbs are usually taken in tea form by boiling dried plants in their natural form. Chinese herbal teas tend to taste bitter because they are made mostly from roots and barks. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. If any discomfort persists, and is accompanied by hives or shortness of breath, contact our attending acupuncturist immediately.

Acupressure/Tui-Na Massage: I understand that I may also be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

SIGN BELOW ONLY IF YOU REQUESTED AND RECEIVED MORE DETAILED INFORMATION

I requested and received, in substantial detail, further explanation of the procedure or treatment, other alternative procedures or methods of treatment, and information about the material risks of the procedure or treatment. I give my permission and consent to treatment.

X _____ X _____
Patient's Signature Date Explained by me and signed in my presence Date