

INFORMED CONSENT FOR TREATMENT

I hereby request and consent to be treated with acupuncture and other procedures within the scope of the practice of acupuncture. Other methods of treatment may include, but not be limited to, cupping and *gua sha*, moxibustion, heat lamps, herbal remedies and supplements, electrical stimulation, exercise recommendations and nutritional advice.

Acupuncture is generally very safe, but certain side effects can occur. These can include, but are not limited to: numbness or tingling, localized bruising, soreness, minor bleeding and temporary aggravation of symptoms (for 12-48 hours before improvement begins). Dizziness, fainting and nausea are rare side-effects. Highly unusual risks include nerve damage, organ puncture, pneumothorax, spontaneous miscarriage and infection. We use only sterile, single-use, disposable needles, so the risk of infection is very slight.

---Potential moxibustion risks may include blistering, scarring and burns.
---Cupping and *gua sha* can cause bruising and skin irritation that lasts for a few days.
---Heat lamps are also a potential risk for burns.
---Herbal remedies and supplements (from plant, animal and mineral sources) are generally safe when taken as prescribed. Possible side effects include, but are not limited to, nausea, stomachache, diarrhea, gas, vomiting and hives.

I agree to notify the acupuncturist if:

I am pregnant, breastfeeding, or trying to get pregnant as some acupuncture points and herbal remedies are contraindicated during pregnancy and breastfeeding.

I experience any discomfort or adverse reactions to herbal remedies or supplements. I agree to stop taking them until I speak with the practitioner.

There are any changes in medication or supplements provided by other practitioners.

I have hepatitis, HIV or any other infectious disease.

I have a pacemaker or any other electrical implants.

I have ever experienced seizures, panic attacks or fainting.

I understand that I can discuss benefits and risks further with the practitioner before signing, but I do not expect my practitioner to be able to explain and anticipate all of the possible risks and complications of treatment due to the uniqueness of each individual. I understand that there is no stated or implied guarantee of success or effectiveness of any treatment or course of treatments. I intend this form to cover all present and future treatment.

Patient (or patient representative) signature

Date