

ACUPUNCTURE CONSENT AND REQUEST FOR PROCEDURE

Acupuncture involves the insertion of fine microfilament sterile needles through the skin and tissues at certain points on the body. Acupuncture has been used traditionally to prevent, diagnose and treat disease, as well as to improve overall health. Since the goal of acupuncture is to promote and restore the balance of energy, which flows throughout the body, the benefits of acupuncture can extend to a wide variety of conditions. Acupuncture is a form of Traditional Chinese Medicine. Traditional Chinese Medicine is one of the oldest forms of medicine, dating back over 3,000 years. TCM is a complete medical protocol focused on correcting imbalances of energy in the body. I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Gua-Sha, and supplemental techniques.

Risks: I understand that acupuncture is a generally safe method of treatment, but that it may have some side effects that include, but are not limited to, unusual dizziness or fainting, temporary bruising, pain or discomfort, soreness, swelling, bleeding, numbness or tingling near the needling sites that may last a few days. The most serious risk of acupuncture is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Burns, blistering, or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping.

Patient's Consent: I understand that no guarantee or assurance has been made as the results of this procedure and that it may not cure my condition. I understand the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be require/needed, thus this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may results. I authorize qualified providers to perform Acupuncture on me as clinically necessary.

Please answer the following questions:

Are you pregnant? YES NO

Are you immunocompromised? YES NO

Are you taking blood thinners? YES NO

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdrawal consent for this procedure at any time before it is performed.

Patient's Signature _____ Date _____

Acupuncturist's Signature _____ Date _____

Signature of Parent or Guardian(if minor) _____ Date _____