

ART OF WELLNESS

ACUPUNCTURE INFORMED CONSENT TO TREAT

Chinese Medicine is a healing system that includes multiple therapeutic modalities. This medical system facilitates the body's innate healing capability and requires participation in taking personal responsibility in assisting one's own health recovery. In some cases, symptoms may relapse or intensify temporarily during the course of treatment before relief is attained. The patient is a partner with the acupuncturist in the healing process.

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for who I am legally responsible) by the acupuncturist in Art of Wellness and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for Art of Wellness, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common reaction from cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothrax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been 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, headache, diarrhea, rashes, hives, and tingling of the tongue. If any discomfort persists and if I am or become pregnant, I will notify the acupuncturist who is caring for me.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

There are risks involved in any procedure of treatment. I do not expect the acupuncturist to be able to anticipate all risks and complications related to my condition and I understand that not all medical conditions can be successfully treated by acupuncture and Chinese medicine. I understand that an acupuncturist is not a medical doctor. I desire to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist deems appropriate and in my best interests, based upon facts then known. I also understand that, whenever necessary, I must continue to seek treatment with a medical doctor for any conditions which cannot be resolved by acupuncture and Chinese Medicine.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above 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.

Patient Name _____ (Print)

(Date)

PATIENT SIGNATURE **X**

(Or Patient Representative)

(Indicate relationship if signing for patient)