



## CONSENT TO TREATMENT

I, the undersigned, understand that the methods of treatment use in this practice may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, massage, and nutritional counseling.

I understand that these are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, dizziness, and soreness at that needling site that may last a few days. Unusual risks include fainting or nerve damage. Although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment, infection is possible. Potential risks of moxibustion include burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha, or spooning. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

I understand that nutritional and herbal supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his or her judgment in my best interest during the course of treatment, based on the facts then known.

In signing this form, I acknowledge any inherent risks and give my consent for treatment; payment and healthcare operations received, incurred or carried out at this practice.

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Patient Signature

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Date