

Acupuncture Place: Patient Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Contact: Home phone _____ Cell _____

Work _____ E-Mail _____

Best way to contact you? Home ___ Cell ___ Work ___ E-mail ___

Have you ever been treated with Acupuncture before? Yes ___ No ___

Referred by _____

Consent for Treatment

I, the undersigned, authorize licensed acupuncturists to administer acupuncture and correlated therapies relevant to my diagnosis and treatment, including but not limited to

1. Insertion of acupuncture needles into the body at various depths and locations. Rarely, but on occasion, a small bruise can occur from needling which will resolve as bruises normally do.
2. Heat treatment to improve blood flow using a conventional heat lamp.
3. Massage technique called Gua Sha and/or mild suction using therapeutic cupping that eases pain of aching muscles, aid in recovery from 'common colds', cough and chest congestion. This treatment leaves redness on the skin that can last for 1-5 days and is essential for the treatment to be effective. Slight tenderness may occur after the treatment and resolves shortly thereafter.
4. Herbal heat therapy using moxibustion. Moxa may be used directly on the skin, or indirectly placed on an acupuncture needle or held over a specific area of the body. The heat from burning moxa carries a slight risk of causing redness or blisters on the skin.

I understand that I may feel extremely relaxed following treatment and therefore I am welcome to remain in the waiting room until I feel comfortable departing.

I know I have the right to refuse any form of treatment, and that I can ask questions pertaining to the treatment at any time.

I also understand there is always a small possibility of an unexpected complication and that no guarantees can be made concerning the results of treatment.

Signature (Parent or Guardian, if under 18)

Date