

Informed Consent to Receive Treatment and Care

You are always welcome to ask for more details if you wish. Contraindications (symptoms or conditions that make a treatment inadvisable) for acupuncture treatment and certain herbs include a history of bleeding disorder or current anticoagulation therapy, implanted pacemaker or prosthetic heart valve, use of certain medications, and/or pregnancy. It is important that you notify your practitioner if any of these apply to you.

- _____ I understand that the diagnosis given to me conforms to the principles of Traditional Chinese Medicine (TCM), and in no way purports to replace allopathic medical evaluation, diagnosis, or treatment.

- _____ I have provided a full history and description of the complaints and health status which is complete and accurate. I understand the need for communication with all my health care providers regarding my health status is ongoing and necessary.

- _____ I understand that no guarantee has been made concerning the use and effects of Traditional Chinese Medicine (TCM). I understand that in some cases, symptoms may relapse or intensify temporarily during treatment before relief is sustained.

- _____ I understand that I may stop treatment at any time.

- _____ I understand that while this document describes major risks of treatment, other side effects and risks may occur.

- _____ **Acupuncture:** I understand that it is a technique using small, sterile, stainless steel needles inserted at specific points in the body, causing a positive response to correct various ailments. The location and the application of the needles and the depth of the needle insertion is determined by the nature of the problem. I understand that the application of these needles may be accompanied by a brief painful sensation, and that there is a slight possibility of minor swelling, bleeding, discoloration of the skin, hematoma, a bruise at the site of needling, or fainting. Momentary dizziness may occur after treatment. Some very rare risks of acupuncture include spontaneous abortion, pneumothorax (air in the chest cavity that could cause a collapsed lung), and infection.

- _____ **Moxibustion:** I understand that this is the application of indirect heat supplied by burning the herb *Folium Artemisiae Vulgaris* over a single acupuncture point or group of points. This generally produces a sensation of warmth and relaxation. The area being treated may remain red and warm for several hours after treatment. In rare incidences, a minor burn may occur at the site of moxibustion.

- _____ **Cupping:** I understand that this is the application of round vacuum cups over a large muscular area, usually the back, to enhance blood circulation to the designated area. This method may produce a deep redness, discoloration, and on rare occasions, a minor blister which may persist

for up to a week. These marks may resolve on their own and are not indications of complications or injury.

_____ **Acupressure/Tui Na Massage:** I understand that I may be given acupressure massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiologic functions. I am aware that side effects that may result from this treatment include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

_____ **Herbs and Nutritional Supplements:** I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction, to modify or prevent pain perception, and to normalize the body's physiologic functions. Herbs are used to facilitate the body's own restorative process. The herbs are taken in tea form, tablets, or granules. I understand that I am not required to take these substances but must follow the direction for administration and dosage if I do decide to take them.

_____ I understand that recommended herbs are traditionally considered safe in the practice of TCM, although some may be toxic in large doses. I understand that some dietary supplements are inappropriate during pregnancy, may interact with medications or other supplements, may have side effects of their own, or may contain potentially harmful ingredients not listed on the label. I also understand that most supplements have not been tested in pregnant women, nursing mothers, or children. Potential risks include but are not limited to: allergic reactions, nausea, bloating, stomachache, vomiting, headache, diarrhea, rash. Some possible side effects of applying topical creams, ointments are rashes, hives and tingling of the skin. I will immediately notify my practitioner of any unpleasant effects associated with herb or supplement treatment.

_____ I understand that it is not possible to anticipate and explain all risks and complications. I understand and agree that my practitioner will exercise judgment during treatment which they feel at the time, based on the facts known to them, is in the best interest of me as a patient.

_____ I hereby state that I have read and understand this form, that I have been given an opportunity to ask questions, and that all questions have been answered in a satisfactory manner. I wish to proceed with TCM treatment. I understand that I am free to withdraw my consent to treatment at any time.

Patient Name: _____

Signature of Patient or person authorized to consent on behalf of the patient: _____

Date: _____