

Lori Brown, MSOM

Informed Consent To Treat

Name of Patient _____

I request and consent to the performance of acupuncture treatments and other associated techniques on myself or on the patient named above for whom I am legally responsible for.

I understand that the methods of treatment may include but are not limited to acupuncture, acupressure, herbal medicine, electrical stimulation, massage, moxibustion, guasha, and cupping as well as nutritional, exercise and lifestyle counseling.

I have been informed that all medical procedures involve some degree of risk or side effects and this includes the procedures used on me by my acupuncturist. Acupuncture and the other techniques used are generally considered to be safe. The most common side effect of acupuncture is slight bleeding or bruising at the site of a needle insertion. Rare incidents of infection, scarring, dizziness or fainting have been reported. Extremely rare reports of spontaneous miscarriage, nerve damage or organ puncture including pneumothorax have occurred.

I have been informed that Chinese herbal medicines are generally considered a safe modality of treatment although some side effects may include gastro-intestinal upset, allergic reactions or headache. I agree to inform my acupuncturist immediately of any unpleasant side effects associated with the consumption of herbal medicines or other recommended supplements.

I understand that while this document outlines some risks of treatment, other side effects and risks may occur for all modalities used. I do not expect my acupuncturist to be able to anticipate all of the possible risks and complications of treatment. I understand that results are not guaranteed.

Red marks or bruising from some techniques, (such as guasha and cupping), are considered to be part of the healing process and represent toxins being pulled from the tissues. All needles used are sterile and disposable. They are never re-used.

I voluntarily sign below, showing that I have read the above and have been informed about the risks of acupuncture and other modalities being used in treatment. I have had an opportunity to ask questions. I intend for this consent form to cover this first treatment and all future treatments.

Patient (or Legal Guardian) Signature _____

Patient (or Legal Guardian) Printed Name _____

Date _____