



Informed Consent for Acupuncture Treatment

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures on me (or the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while working or associated with, or serving as a back-up for the acupuncturist named below, whether signatories to this form or not.

I understand that acupuncture is performed by the insertion of pre-sterilized acupuncture needles through the skin, with or without the addition of heat or electrical stimulation, to certain points on the body, with the intent of improving bodily functions, relieving pain, and treating certain diseases or bodily dysfunctions. Additional methods of treatment may include, but are not limited to, moxibustion, cupping & gua sha, Tui-Na (Chinese massage), Chinese herbal therapy, and dietary counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including: discomfort during needle insertion; bruising, minor bleeding, and numbness or tingling near the needling sites that may last a few days after treatment; dizziness or fainting; temporary aggravation of pre-existing symptoms; and fatigue which may impair driving ability. I understand that I should not make significant movements while the needles are being inserted, retained, or removed. Burns and/or scarring are a potential risk of moxibustion. Bruising is a common side effect of cupping and gua sha. Extremely rare risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below 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, mineral, and animal 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. I understand that the herbs should only be consumed according to the instructions provided orally and in writing. I understand that some herbs may have an unpleasant taste or smell. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I will notify the acupuncturist who is caring for me if I am or become pregnant, if my medications change, and/or if I receive any new or revised medical diagnoses from a physician.

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 no guarantees are made regarding the outcomes of acupuncture or Chinese herbal treatments, and that I may stop treatment at any time.

By voluntarily signing below I show that I have read, or have had read to me, this 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 Signature

Date

Licensed Acupuncturist Signature

Date

We, the undersigned, do affirm that (patient) _____ has been advised by **Emily Rieffel, L.Ac. / WomanCare Acupuncture & Herbs** to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.

Patient Signature

Date

Licensed Acupuncturist Signature

Date