ACUPUNCTURE INFORMED CONSENT TO TREAT

Information on Therapies and Procedures: Acupuncture, Electroacupuncture, Heat Lamp, Cupping, Herbal Formulas

I understand that I am the decision maker for my health care. Part of this office's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding the care recommended, the benefits and risks associated with the care, alternatives, and the potential effect on my health if I choose not to receive the care. I have been informed that acupuncture is a generally safe method of treatment, but, as with all types of healthcare interventions, there are some risks to care. I appreciate that it is not possible to consider every possible complication to care. I understand that, as with all healthcare approaches, results are not guaranteed, and there is no promise to cure.

Acupuncture is not intended to substitute for diagnosis or treatment by medical doctors or to be used as an alternative to necessary medical care.

Please carefully read each section below, ask any questions, and initial each section to indicate your understanding of the information:

_____ **Acupuncture** is a healing art that involves the stimulation of specific points on the body. It has the intended effect of normalizing body functions, modifying the perception of pain, and treating certain diseases or dysfunctions of the body. The stimulation may be produced by needles, heat, digital pressure, electric currents, or other means, but most frequently by needling. Location and depth of needle insertion is determined by the nature of the problem. Acupuncture is considered a safe method of treatment, but occasionally there may be some bruising, numbness or tingling near the needling sites that lasts a few days.

_____ Insertion of acupuncture needles may be accompanied by a brief painful sensation, and there is a slight possibility of minor swelling, bleeding, discoloration of the skin, or hematoma (bruise) at the site of needling. Momentary euphoria or lightheadedness may occur after treatment. In some cases there may be dizziness, or rarely, fainting. Some very rare and unusual risks of acupuncture include spontaneous abortion, nerve damage, and organ puncture including pneumothorax (a partially or fully-collapsed lung due to air in the chest cavity).

_____ **Some health conditions are contraindications** to acupuncture treatment, or they require special precautions to be taken during treatment.
Contraindicated/cautioned conditions for acupuncture therapy include, but are not limited to: a history of a bleeding disorder, current anticoagulation therapy, diabetes, an implanted pacemaker or prosthetic heart valve, certain medications, and/or pregnancy.
Contraindications for heat lamp use include: Patients with severe neuropathy of the feet experiencing reduced temperature sensation, and patients with Parkinsons disease, seizures, or strong leg tremors. This is due to increased burn risk.
It is important that you notify your acupuncturist if any of these might apply to you, so that you can discuss any risks and ensure safe and effective acupuncture treatment.

_____ **Cupping** is the application of round vacuum cups over a large muscular area, such as the back, to enhance blood circulation to the designated area. Cupping may produce a deep redness, bruising and discoloration, and on rare occasions, a minor blister which may persist for up to a week. These marks are not indications of complications or injury.

_____ **Herbs and/or Nutritional Supplements** from the TCM Materia Medica may be recommended to me to treat bodily dysfunction, to modify or prevent pain perception, and/or to normalize the body's physiologic functions. Herbs are used to facilitate the body's own restorative process.
_____ Herbs are considered safe in the practice of TCM, although some substances may be toxic in large doses. Some herbs are inappropriate during pregnancy. Some 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. Most supplements have not been tested in pregnant women, nursing mothers, or children. Potential risks include but are not limited to: allergic reactions, nausea, gas, stomachache, vomiting, headache, diarrhea, rash, hives, and tingling of the tongue. Some possible side effects of applying topical creams, liniments, ointments and plasters are rashes, hives and tingling of the skin. Due to possible interactions between herbs and Western medications, it is very important to report all prescribed and over-the-counter medications you are taking at the time of your visit.

_____ **Infrared and TDP (Teding Diancibo Pu) lamp** therapy consists of warming the skin with a heat source mounted to an adjustable arm and positioned above the body. If the heat source comes into close proximity with or contacts the skin, there is the risk of a burn. The lamp will always be placed at a 6 inches or greater distance from your skin; for safety please do not lift your feet to bring them closer to the lamp.

_____**Consent for Chinese Medicine and Acupuncture Treatment:** I understand the importance of communicating with all of my health care providers regarding my health status. I have provided my full medical history, current health status, all medications I am currently taking, and a description of my complaints. This information is complete and accurate, to the best of my knowledge.

The diagnosis given to me conforms to the principles of TCM, and in no way purports to replace allopathic (Western) medical evaluation, diagnosis, or treatment. No guarantees have been made concerning the use and effects of TCM. I understand that, in some cases, symptoms may relapse or intensify temporarily during the course of treatment before relief is sustained. I am not required to take recommended herbs or nutritional supplements, but if I do decide to take these substances, I must follow the directions for administration and dosage. I will immediately notify my practitioner of any unanticipated or unpleasant effects associated with herbs or nutritional supplements. I understand that it is not possible to anticipate and explain all risks and complications. I understand and agree that practitioner will exercise judgment during the course of 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 acupuncture / TCM treatment. I understand that I am free to withdraw my consent to treatment, and/or stop treatment at any time.

Do you have an implanted pacemaker, defibrillator, or prosthetic heart valve? __Yes __No
Do you take steroid or anticoagulant medications? __Yes __No
Are you pregnant? __Yes __No (If this question is applicable to you and answer is no, provide date of last menstrual period: _____)

By voluntarily signing below, I confirm that I have read, or have had read to me, the above 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 agree with the current or future recommendations for care. 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 name (please print)

———————————————————— Signature of patient

———————————————————— Date signed