



Informed Consent

Please read carefully

I consent to acupuncture treatments and other procedures associated with Traditional Oriental Medicine. I understand that the methods of treatment may include but are not limited to: Acupuncture, cupping, moxibustion, electrical stimulation, and Tui Na (Chinese Massage).

I have been informed that acupuncture is a safe method of treatment but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting.

The term "Acupuncture" as defined by Michigan law means "the insertion and manipulation of needles through the surface of the human body at specific locations on the human body for the prevention or correction of disease, injury, pain, or other condition.

Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile, disposable needles and maintains a clean and safe environment. Burns and or scarring are potential risks of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

I will notify the licensed acupuncturist named above if I am or become pregnant.

I do not expect the practitioner to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on her to exercise judgment during the course of treatment which she thinks, based upon the facts then known, is in my best interest.

I understand that it is appropriate for me to consult my primary care physician about the acupuncture treatment if I choose to do so, if circumstances warrant, or if my acupuncturist recommends such consultation.

I understand that I should inform my acupuncturist whether or not a licensed physician has examined me with regard to my presenting complaint, and if so, what the Western medical diagnosis is. I should also report whether I have any other serious illnesses, a bleeding disorder, a pacemaker, or allergies to latex or silicone.

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 from my present condition and for any future conditions for which I seek treatment.

To be completed by patient (or patient's representative if the patient is a minor or is physically or legally incapacitated).

Date consent completed

Print name of patient

Signature of patient or patient representative

Date

Print name of patient representative

Practitioner

Date