

PATIENT INFORMED ACUPUNCTURE CONSENT FORM

PROCEDURE: Acupuncture, Electro-Acupuncture, Moxibustion, and Cupping

By Signing below, I _____ **do voluntarily consent to be treated for a series of treatments with acupuncture.**

ACUPUNCTURE PROCEDURE:

I understand that acupuncture includes a variety of techniques and diagnostic methods that includes palpation of different regions of my body, needle insertion and potentially a number of other methods such as electro-acupuncture, moxibustion., cupping and placement of small magnets.

You will be asked certain health-related questions. The pulse at your wrist, and the muscles and skin of your abdomen, neck and other parts of your body will be pressed. Based on this examination certain acupuncture points on your body will be selected for needle insertion. The acupuncture needles used are all sterile, single use, stainless steel needles. The needles will be placed in the selected points at a depth that will be through the superficial layer of skin and into the soft tissue and muscles below.

Depending on the acupuncture methods used, you understand that the needles placed in your body may be attached by wires to a battery operated, low voltage electro-acupuncture device and stimulated with a small electric current. This procedure is called electro-acupuncture. In addition, you understand that you may have moxibustion performed which is a procedure using a combustible, non-toxic herb that when lit, burns quickly and can be placed on the acupuncture needles or on the skin with a protective ointment placed over the skin to protect it from the heat. You could also have a cupping procedure done where a vacuum is created in a glass or plastic cups and then this cup is applied to your skin to create a negative pressure, pulling the superficial layers of your tissue into the cup to create a small bruise. Also small sterile needles attached to an adhesive or small magnets may be place on points that are considered important at the end of the treatment that you would keep on for 3-5 days to continue to stimulate the points.

RISKS AND DISCOMFORTS:

The likelihood of major risks or complications from this procedure/treatment are rare, and include but are not limited to: fainting, bleeding, bruising, pain, superficial burns of the skin, infection, aggravation of existing symptoms, tingling or nerve sensations, and pneumothorax (the puncturing of the lungs by a needle). Other unexpected risks or complications not discussed may occur and no guarantees or promises can be made concerning the results of any procedures(s) or treatments(s).

ALTERNATIVE PROCEDURES:

As a patient, you are free to pursue alternative procedures for your condition that you might consider instead of participating in an acupuncture treatment. If you have more detailed questions about alternative standard techniques, appropriate referrals can be made.

I understand that Acupuncture treatments like many other medical treatments will not always succeed in alleviating your symptoms and no guarantees have been made as to the results that may be obtained from acupuncture treatment

By signing below, I show that I have read, or have had read to me, the above consent to acupuncture treatment, have been informed about the risks and benefits of such treatment and other related 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 conditions for which I seek treatment with acupuncture.

Patient

Date

I have explained the above statements to the patient and answered all questions

Clinician

Date
