

Informed Consent For Acupuncture Treatment And Care

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me (or the patient named below, for whom I am legally responsible) by Chia Chia Cheng, L.Ac. and/or other lic. Acupuncturist who now or in the future treat me while employed by, working or associated with, or serving as back-up for Chia Chia Cheng, L.Ac. including those working at this office or any other office or clinic, whether signatories to this form or not.

I understand the methods of treatment may include, but are not limited to, acupuncture, acupressure, moxibustion, cupping, gua sha, electrical stimulation, Tui-Na (Chinese massage), manual therapy (incl. PNF), Chinese herbal medicine, nutritional supplements, and nutritional counseling.

I have been informed that acupuncture is a safe form 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. I understand that I should not move while the needles are being inserted, retained, or removed. Bruising is a common side effect of cupping and gua sha. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although Chia Chia Cheng, L.Ac. uses only sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that this document describes the major risks of treatment. Other risks and side effects 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, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will immediately notify Chia Chia Cheng, L.Ac. of any unanticipated or unpleasant effects associated with the consumption of the herbs. I will notify her or the acupuncturist who is taking care of me if I am or become pregnant.

When appropriate the acupuncturist will provide lifestyle suggestions and emotional support. I understand that s/he is not a licensed mental health provider. If I have concerns for my mental health I will seek treatment from a licensed provider for services. The acupuncturist will also provide referrals for me to seek appropriate mental health services.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which s/he thinks, at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed. I also understand that, whenever necessary, I must continue to seek treatment with a medical doctor for any condition which cannot be resolved by acupuncture or Chinese Medicine.

I understand all my records will be kept confidential and will be released only with my written consent.

By voluntarily signing below I demonstrate 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 future condition(s) for which I seek treatment.

Patient's Name _____ Date _____

Patient's Signature _____

Name of Patient Representative _____

Date _____

Signature of Patient Representative _____

Relationship _____