

ACUPUNCTURE INFORMED CONSENT TO TREAT

Date:

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Peter Schechter, Licensed Acupuncturist at Indigo Massage and Wellness.

I understand that treatment may include, but is not limited to, acupuncture, moxibustion, cupping, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional & lifestyle counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs. Though I am consenting to these procedures as part of my treatment, I understand consent can be revoked at any time.

In general, acupuncture and herbal treatment can assist in normalizing physiological and physical function. I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic 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, animal and mineral 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 notify a clinical staff member who is caring for me if I am or become pregnant, if I have a bleeding disorder or am on anti-coagulant medication, or if I have any communicable diseases.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent except when required by law.

By voluntarily signing below, I show 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 hereby release Peter Schechter, L.Ac. and Indigo Massage and Wellness from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the treatments with appropriate skill as required by their licenses. 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. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

Patient Name: _____

Patient Signature (or Representative): _____

Name of Patient's Representative (if applicable): _____

Relationship or Authority of Patient's Representative: _____