

ACUPUNCTURE & TRADITIONAL CHINESE MEDICINE CONSENT FORM

“Acupuncture” means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument).

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 below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as a back-up for the acupuncturist named below, including those working at this office or any other office or clinic, whether signatories to this form or not.

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. I understand that I should not move while the needles are being inserted, retained, or removed. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below 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 potential benefits: acupuncture may allow for the painless relief of one’s symptoms without the need for drugs, and improve balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

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 the exercise judgment during the course of treatment which the acupuncturist 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 office medical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I hereby authorize practitioners at *Chippawa Therapeutics-Acupuncture,TCM and Wellness Clinic* to administer Traditional Chinese Medicine that pertains to my diagnosis and treatment plan, including but not limited to the following:

1. **Needling** of the body at various locations and depths using various styles and sizes of acupuncture needles.

2. The use of heat in treatments with a **heat lamp or moxa or both**. Moxa is an herb that is used in variety of ways directly or indirectly on the skin. There is always the risk of minimal discomfort, blister, scar or burning with any type of heat treatment.
3. **Cupping** is used to help move Qi (Ki or energy) and blood in the Meridian (pathways of the body). Cupping may leave a reddish or purple color 1-5 days that might be sore.
4. **Electrical stimulator** may be used to help stimulate the needles or ion-pumping cords may be attached to needles.
5. **Bloodletting** may be used with cupping or alone to help move stagnant blood in affected pathways. The use of one time only lancets will be used to puncture the site and a small amount of blood will be expressed from the site.
6. **Press-balls** may be used they are small tiny steel balls or seed that are held together with adhesive tape to give constant low level stimulation to a point. Press-balls may be used for 3-5 days unless pain, soreness or swelling occurs.
7. **Magnet** may be used in treatment or placed by the practitioner to deliver low level stimulation to acupoints. Redness, swelling or soreness may occur.
8. In applying **Chinese herbs**, substances from the Oriental Material Medica may be recommended to treat bodily dysfunction or diseases or to modify or prevent pain perception and to normalize the body's physiological functions. The directions for administration and dosage must be followed.
9. **Shiatsu** is a unique, non-invasive therapy designed to stimulate the body's inherent ability to heal itself. Shiatsu treatments have a regulatory influence on the autonomic nervous system, thereby improving organ function and reducing muscle tension. It is founded upon the same principles as acupuncture, although no needles are used. **Tui-Na** is a Chinese massage technique that uses pressing, rubbing, kneading, and pinching to bring your body back into balance. This technique is applied to the channels, collaterals, and points of the acupuncture system. Manipulating the body with these methods locally promotes blood circulation and removes blood stasis.

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 for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name _____

Patient's Signature _____ Date Signed _____

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

Print Name of Patient _____

Print Name of Patient Representative _____

Signature of Patient Representative _____

Relationship or Authority of Patient _____

Name of Acupuncturist _____