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Informed Consent

I, _____, hereby authorize my acupuncturist at the Acupuncture Health Center to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.

2. Heat treatments using Artemesia vulgaris (moxibustion, "moxa") or a conventional heat lamp may be placed on or near any part of my body. . For indirect moxibustion treatments, the moxa is placed on the head of the needle or on top of a barrier (such as a slice of ginger or salt) which rests on the skin. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from moxa treatments may involve slight discomfort or leave a small blister or scab on the surface of the skin. It is also possible that this technique may leave a small scar.

3. A Chinese massage technique called "gwa sha" may be used in certain cases. This produces a deep redness of the skin which usually persists for one to five days. In a few people it will result in a slight bruising and tenderness for a few hours. The red discoloration of the skin is a sign of increased blood circulation

4. Cupping may be used to promote the circulation of Qi (energy) through the meridians. Cups may produce a red/purple color on the area cupped, which may remain for 1 – 5 days.

5. In some conditions, electrical stimulation of the needles may be used. This technique uses a small, battery-powered stimulator attached by wires to the ends of the needles. A slight vibration or tapping sensation may be felt during the use of this stimulator.

6. Bloodletting may be used to improve the circulation in specific meridians. Lancets are inserted in to the skin and small amounts of blood are expressed from the puncture.

I have read this form. I understand that at any time in the future I have the right to refuse any form of treatment. I understand the nature of the treatments that I may receive and have been given an opportunity to ask questions pertaining to my treatment.

Signature of patient _____

Printed name of patient _____

Date _____

Practitioner Signature _____

Cancellation Policy/Late arrival:

Any cancellation made with less than 24 hours notice will require payment in full for that visit. If a patient is over 10 minutes late the practitioner may leave the office. Practitioner reserves the right to end your appointment at the scheduled time should you arrive late.

Signature of patient _____ Date _____