



INFORMED CONSENT

I _____ authorize & understand the plan of care my acupuncturist is to administer to me. I agree to have any style of Oriental Medical performed as described below including but not limited to the following:

- 1- Insertion of sterile disposable needles into my body at various depths & locations
- 2- Heat treatments:
 - a. Arthemesa vulgaris (moxabustion/moxa) is a Chinese herbal heat therapy in which the herb is either applied to the head of the needle, placed directly on the skin (with w water or cream barrier), or held over the skin in the form of a pole
 - b. Heat lamp is placed over various areas of the body to warm the areas & promote circulation
- 3- Gwa Sha is a type of massage technique in which a redness/purple color of the skin is produced that remains usually from 3-5 days. Tenderness may also remain after the treatment for a few days in the local area.
- 4- Cupping is a technique in which glass cups are placed onto various parts of the body producing a suction effect to help promote blood & Qi flow in the meridians. A reddish/purple color may remain after the treatment in the local areas usually between 1-5 days.
- 5- Electrical Stimulation attached to the needles may be used to enhance treatment. A tapping vibrating stimulation is produced on the needle that may also spread down the meridian. Ion pumping cord may also be used & attached to various points (needles, magnets, or skin) to also enhance the flow of Qi in the meridians.
- 6- Massage, pressure, magnets & gentle hands on manipulation may be applied to various acupoints & general body areas to reduce pain, increase relaxation & harmonize the free flow of Qi in the body. These techniques are commonly referred to as Tuina, Manual Meridian Balancing & Acupressure.

I understand that I have the right to refuse any form of treatment. I understand the purpose of the various forms of treatment & the possible consequences involved with these procedures & if unclear I will inquire from my acupuncturist. I also understand that there is always the possibility of unexpected complications & that there are no guarantees regarding the outcome of the treatments.

PATIENT: _____ **EVALUATING ACUPUNCTURIST:** _____

SIGNATURE: _____ **SIGNATURE:** _____

DATE: _____ **DATE:** _____