

INFORMED CONSENT TO TREATMENT

I hereby authorize Grace Acupuncture and Oriental Medicine to administer acupuncture, herbal treatments and other Oriental Medicine procedures on me relevant to my diagnosis and treatment. I understand that methods or treatments may include but are not limited to:

- Insertion of acupuncture needles at various depths and locations along the body
- Heat treatments using moxibustion (moxa) or a heat lamp
- Cupping, a technique used to relieve symptoms by applying cups to the skin with a vacuum
- Electrical stimulation of the needles which produce a vibration sensation
- Bloodletting with a lancet to remove a small drop of blood
- Chinese herbs may be recommended to normalize the body's physiological functions.

I recognize the potential for side effects from treatment. Although uncommon, there is a potential for acupuncture to produce side effects such as bruising and bleeding at the insertion site. Rare side effects of acupuncture include infection, needle sickness (fainting), broken needles, and a temporary aggravation of symptoms existing prior to treatment. A treatment involving cupping may produce a red/purple color on the treated area, lasting up to five days after the treatment. The heat generated from the moxa treatments may involve a slight discomfort or leave a blister or scar on the skin. A conventional heat lamp may also be used during treatment. With any type of heat, there is always a risk of burn.

I agree to inform my practitioner immediately if I become pregnant or suspect that I am pregnant, or if I have a serious bleeding disorder. I agree to inform my practitioner of all allergens to which I have had allergic reactions.

I agree to these financial terms: I agree to pay all charges for services rendered, including amounts over and above insurance coverage. I agree to pay missed appointment or late cancellation (less than 24 hour notice) fees.

I have been informed that I have the right to refuse any form of treatment. I have had the opportunity to ask questions pertaining to my treatment and the content of this form.

By signing this consent form I agree to the above named procedures for the entire course of treatment for my present condition and any future conditions for which I seek treatment. I understand that there is always a possibility of unexpected complications and that no guarantee can be made concerning the results of treatment.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation.

Patient's Printed Name: _____

Patient Signature X _____

Date _____

Witness Signature X _____

Date _____

CONSENT TO TREAT A MINOR CHILD

I authorize Grace Acupuncture and Oriental Medicine to administer Acupuncture and Oriental Medicine as deemed necessary to _____ who is my _____ (relationship).

Adult's Signature X _____

Date _____

Witness Signature X _____

Date _____