

ACUPUNCTURE INFORMED CONSENT TO TREAT

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 Karen Powers, L. Ac.

I understand that methods of treatment may include but are not limited to: acupuncture; moxibustion; cupping; electrical stimulation; Tui-Na (Chinese massage); Chinese herbal medicine; and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and/or in writing. The herbs may have an unpleasant smell and/or taste. I will immediately notify Karen Powers, L. Ac. of any unanticipated or unpleasant effects associated with the consumption of recommended herbs.

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 (which may last a few days), and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, as well as when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although Inner Rivers Acupuncture 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 may occur, and other risks may be present. Herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered as 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; stomachache; vomiting; headache; diarrhea; rashes; hives; and tingling of the tongue. I will notify Karen Powers, L. Ac. if I am or become pregnant.

Patient with the following conditions must inform practitioner prior to receiving treatment. Please check the following that applies: Pregnancy _____ Pacemaker _____ Severe Bleeding Disorders _____ Hepatitis _____ AIDS or HIV _____

While I do not expect Karen Powers, L. Ac. to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on her to exercise judgment during the course of treatment which she thinks is in my best interest based on the facts then known. I understand that results are not guaranteed.

I understand that all my records will be kept confidential and will not be released to anyone outside of Inner Rivers Acupuncture without my written consent.

By voluntarily signing below, I affirm 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 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.

Date: _____

Patient/ Representative signature: _____
(Indicate relationship if signing for patient)

Print Name: _____

Karen Powers, L.Ac. signature: