

Informed Consent To Treatment

I, the undersigned, understand that methods of treatment used in this practice may include, but are not limited to, acupuncture, moxibustion, cupping, scraping, electrical stimulation, herbal therapy, tui-na massage, and blood-letting.

Acupuncture/Moxibustion: I understand that acupuncture is performed by the insertion of needles through the skin at certain points on or near the surface of the body. I am aware that certain adverse side effects may result. Potential risks include, but are not limited to: temporary bruising, swelling, bleeding, numbness and tingling, soreness at the needling site that may last a few days, and the possible aggravation of symptoms existing prior to acupuncture treatment. Unusual risks of acupuncture include dizziness, fainting or nerve damage. Infection is possible, although this clinic uses alcohol and sterile, disposable needles, disposable cups and maintains a safe and clean environment.

Moxibustion is the application of heat indirectly to the skin. Potential risks of moxibustion therapy are burns, blistering, or scarring.

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture administered with the acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

Herbs: I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

Cupping/Scraping: I understand that cupping is performed by creating suction on the skin with a plastic cup. I am aware that bruise marks may result with the treatment and that these marks will disappear in about a week. I understand that scraping involves scraping the skin with a spoon-like instrument and oil which may also result in bruising or a red rash appearance, which is considered a normal and desired result of treatment.

Tui-Na Massage: I understand that I may also be given tui-na massage as part of my treatment to modify or prevent pain perception, to normalize the body's physiological functions, and to enhance the effects of the other treatments. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment.

Blood-Letting: I understand that blood-letting is the same as cupping, but before the cup is applied, small punctures are made on the surface of the skin with a lancet. The cup then draws out the blood. The punctures on the skin are small and self-seal after the cup is removed. I am aware that this procedure will leave a bruise mark and soreness that may take a week or more to disappear. Uncommon side-effects may be, but are not limited to, fainting, dizziness, nausea, bleeding, or the possible aggravation of symptoms existing prior to treatment. Infection is possible, although this clinic uses alcohol and sterile, disposable needles, disposable cups and maintains a safe and clean environment.

Pregnacy: I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

I understand that I can discuss risks and benefits further with Conor Logan, L.Ac. before signing if I so choose. However, I do not expect Conor Logan, L.Ac. to be able to anticipate and explain all possible risks and complications of treatment. I rely on him to exercise his judgment in my best interest during the course of treatment, based upon the facts then known.

I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I understand that I may refuse any of the above mentioned treatments at any time.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

X _____

Patient Signature (or parent if patient is minor)

Date