



970 Summer Street
Stamford, CT 06905

Informed Consent for Acupuncture Treatment

I _____ hereby agree and consent to the performance of acupuncture and other Oriental Medicine procedures. I understand that such procedures may include, but are not limited to acupuncture, moxibustion, cupping & Gua-sha (dermal friction technique), infrared heat lamp, breathing techniques, exercise therapy, Tui-Na (Chinese massage), Chinese or western herbal medicine and nutritional counseling based on traditional Chinese medical theory.

Acupuncture is a technique utilizing fine stainless steel needles inserted at specific points in the body to correct various ailments.

Moxibustion is the application of indirect heat by burning a stick of compressed *Folium Artemisiae vulgaris*, commonly known as Mugwort, over acupuncture points.

Cupping utilizes round suction cups over a large muscular area (such as the back) to enhance blood circulation to the designated area.

Qua-Sha is a form of Chinese body treatment (massage) used in facilitating healing and pain management. Occasionally there may be increased soreness at the sites of treatment on the day of, or day following treatment.

I have been informed that in all acupuncture treatments only sterile, disposable needles are used according to the Clean Needle Technique protocol, to ensure the safest acupuncture treatment possible.

I have been informed that acupuncture is a safe method of treatment, but may have same side effects including bruising, numbness or tingling, dizziness or fainting, minor swelling, bleeding, hematoma may occur at the site of insertion and may last a few days. A sensation of light-headedness may occur after acupuncture treatment. I will immediately notify the acupuncturist if I experience any symptoms or problems. I understand that I should not make significant movements while the needles are being inserted, manipulated, retained or removed.

I am relying on the TCM practitioner to exercise judgment during the course of treatment, trusting that, based upon facts then known, this treatment plan is appropriate and in the best interests. I understand that acupuncture and other Oriental Medicine procedures are not substitutes for treatment by my medical doctor. Also, at any given time throughout the treatment, I may request the practitioner to stop, modify or change the treatment plan.

I state that I do not have the following conditions: pregnancy, bleeding disorders, pacemaker, local infections; or am currently taking anticoagulants. If I have any of the above conditions, I have listed them here:

By voluntarily signing below I, _____, hereby certify that I have read this entire form, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions and that I consent to treatment with the modalities described above. I intend this consent form to cover the entire course of treatment to be performed for my present condition and for any future condition(s) for which I seek treatment.