

**INFORMED CONSENT FOR ACUPUNCTURE & ORIENTAL MEDICAL TREATMENT AND CARE**

I hereby request and consent to the performance of acupuncture treatments and other Oriental medicine procedures, including various modes of physiotherapy on me (or on the patient named below, for whom I am legally responsible) by David A. Nevins, A.P. a licensed acupuncture physician.

I understand that methods of treatment may include, but are not limited to, acupuncture, acupressure, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese or Western herbal preparations and or homeopathic preparations, nutritional and life style counseling.

Acupuncture has the effect to normalize physiological functions, to modify the perception of pain and to treat certain diseases or dysfunctions of the body.

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 that may last a few days, and dizziness or fainting, bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture. Infection is another possible risk, even though the clinic uses only sterilized disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are derived from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental medicine, although some may be toxic in large dosages. I understand that some herbs and or nutritional supplements may be inappropriate during pregnancy. Some possible side effects of taking herbal supplements are nausea, gas and bloating, stomachache, vomiting, headaches, diarrhea and or constipation, rashes, hives, and tingling of the tongue. If I experience any gastro-intestinal upset or allergic reaction to herbal preparations or nutritional supplements I will discontinue their use and inform the acupuncturist immediately. I will notify David A. Nevins, A.P. a licensed acupuncture physician if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications or treatment, and I wish to rely on the acupuncturist and or the clinical staff to exercise judgment during the course of treatment which the acupuncturists and or clinical staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

I understand the acupuncturist, clinical staff and or administrative personnel may review my patient records and lab reports, but all my records will be kept confidential as dictated by law and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, and I have been informed about the risks and benefits of acupuncture and other Oriental medical procedures, and I have had the opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for future conditions. There is no warranty or guarantee implied as to treatment outcomes.

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Are you or do you think you are pregnant? Yes  No

To be completed if patient is a minor or is physically or legally incapacitated.

Name of Patient's Representative \_\_\_\_\_

Relationship or Authority of Patient \_\_\_\_\_

Office Signature \_\_\_\_\_