



ACUPUNCTURE
FOR EVERYTHING!

Acupuncture for Everything!
11300 75th Street, Suite 102, Kenosha, WI 53142
(262) 358-0991

Informed Consent

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures, including various modes of physiotherapy on me (or the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while working or associated with, or serving as a back-up for the acupuncturist named below, including those working at this or any other office, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping & gua sha, exercise therapy, Tui-Na (Chinese massage), Chinese or western herbal medicine, and nutritional counseling. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days and dizziness or fainting. I understand that I should not make significant movements while the needles are being inserted, retained, or removed. Bruising is a common side effect of cupping and gua sha. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. 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 from plant, mineral, and animal sources) that have been recommended are traditionally considered 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 understand that the herbs need to be consumed according to the instructions provided orally and in writing. I understand that some herbs may have an unpleasant taste or smell. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs. I will notify the acupuncturist who is caring for me if I am or become pregnant. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

By voluntarily signing below I show that I have read, or have had read to me, this 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.

Print Name of Patient	_____	Print Name of Acupuncturist	_____
X	_____	X	_____
Signature of Patient (or Representative)	_____	Signature of Acupuncturist	_____
(Print Name of Patient Representative)	_____	(Print Name of Witness/Translator)	_____
X	_____		_____
Date Consent Completed	_____	(Signature of Witness/Translator)	_____

Patient's Name: _____

Date: _____

Desired Health Outcomes

How long do you want to live? _____

Do you believe the body can heal itself? _____

Do you believe you are able to heal? _____

Do you see yourself overcoming all health challenges? _____

Answer the following questions on a scale of 1-10 with 10 being the most.

Please rate the severity of pain you may be in: _____

Please rate your desire to heal: _____

Please rate your ability to comply with taking nutrients: _____

Please rate your willingness to change your eating habits: _____

Please rate the extent in which you are willing to change behaviors that are compromising your optimal health: _____