



## HEMA COMMUNITY ACUPUNCTURE

### INFORMED CONSENT to ACUPUNCTURE CARE AND TREATMENT

I understand that these treatments are all safe, natural methods of healing and I recognize the potential risks and benefits of these procedures as described below.

**POTENTIAL BENEFITS:** Relief of presenting symptoms, improved health and wellbeing, reduced stress and an overall balance of bodily energies which may lead to prevention or elimination of your main complaint(s).

**POTENTIAL RISKS:** Acupuncture - Although uncommon, there is a potential for acupuncture to cause temporary bruising, swelling, bleeding, numbness, tingling, and soreness at the needle site that may last a few days. Unusual risks of acupuncture include dizziness, fainting, nerve damage or possibly the aggravation of symptoms existing prior to treatment. Infection is a slight possibility even though our clinic uses only sterile disposable needles and maintains a clean and safe environment. Moxibustion - Burning of moxa (a Chinese herb – Mugwort) on or near the body has the potential risk of burns, blistering or scarring. Cupping and Gua Sha - may cause temporary bruising or redness lasting a few days. Herbal Medicine - 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. Large doses taken without my practitioner's approval may be toxic and some herbs may be inappropriate during pregnancy.

**PREGNANCY:** Acupuncture can be very beneficial in the treatment of symptoms during pregnancy, assisting in the birthing process and postpartum. I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points or herbs that could induce premature labor or miscarriage.

**CANCELATION POLICY:** I recognize that scheduling an appointment involves the reservation of time specifically for me and I agree to give at least 24 hours notice to cancel or reschedule an appointment. I will be charged for sessions missed without such advance notification.

**PRIVACY:** Since several people are being treated in the same room at once it is vital that we work together to respect your privacy and the privacy of others. Let us know if there are certain topics that need extra discretion or if you prefer to do your intake in a more private setting. If you happen to overhear someone else's private information, please keep it to yourself; you'd want others to do the same for you.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. 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.

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Print Patient's Name

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Patient's Signature

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Date