

Informed Consent for Treatment

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by the licensed acupuncturists on staff at Two Pines Acupuncture & Integrative Medicine (TPAIM) who now or in the future treat me while employed by, working or associated with or substituting for TPAIM, including those working at this clinic or any other associated clinics: acupuncture and other Oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on a variety of areas of my body, observation, range of motion, muscle and orthopedic testing, modes of manual or physical therapy such as Tuina (Asian bodywork), Craniosacral Therapy, Medical Qigong, manipulation of joints and/or viscera, acupressure, insertion and manipulation of acupuncture needles, heat and/or cold therapy and electrical and/or magnetic stimulation, cupping, guasha and/or moxibustion, the prescription of herbal and homeopathic medicines as well as dietary supplements, dietary recommendations, exercise advice and healthy lifestyle recommendations.

I understand I have opportunities to discuss with my practitioners, and/or with other clinic personnel the nature and purpose of acupuncture and Oriental medical procedures. Although I am aware that acupuncture and the other procedures used in Oriental medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that, as in the practice of conventional Western medicine, in the practice of Oriental medicine there are some risks to treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but are not limited to: bleeding, bruising, pain or other strong sensation at the location of where a needle is inserted, or where cupping or herbal application is made to the skin, or radiating from those locations; nerve pain, burns, aggravation of current symptoms, appearance of new symptoms and general aches. Other uncommon but possible risks include pneumothorax (punctured lung), puncture of other organs, sprains, strains, dislocation, fractures, disc injuries, spontaneous miscarriage and stroke. Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I do not expect the practitioners to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioners to exercise such judgment, during the course of my treatment, as the practitioner feels at the time, based on the facts then known, to be in my best interest.

Should I wish to follow an herbal recommendation, I understand that herbs and teas need to be prepared and consumed according to the instructions provided orally and in writing. Some herbs may have an unpleasant smell or taste. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that are recommended are traditionally considered safe in the practice of Oriental 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 will notify the clinical staff member who is caring for me as soon as possible of any unusual or unexpected effects caused as a result of taking herbs. I will also notify this clinic and my practitioner if I am pregnant or wish to become pregnant.

I also understand that the practitioners who treat me are not allopathic practitioners or doctors and that any treatment or advice provided by them or by anyone working in conjunction with or on behalf of them or this clinic is not a substitute for diagnosis or care by an allopathic doctor or practitioner. Rather, I understand that any services provided are solely meant to support the health process. I also understand that any results are not guaranteed.

I agree to give full and accurate information to my practitioner and this clinic regarding any past or current health conditions; including present complaints, medications, health risks or other current information as well as past hospitalizations, illnesses or surgeries. I acknowledge that this includes notifying my practitioners in as timely a manner as appropriate of any changes to my health state after the submission of this form, including any adverse reactions, questions or concerns that I may have in relation to treatment.

I understand that acupuncture and Oriental medicine treatments may not have the desired therapeutic effect when combined with excessive medication, alcohol consumption or illegal drug use at the time of treatment. If there is reasonable cause to believe that treatment is not appropriate for a patient who is under the influence of illegal drugs, alcohol, or appears to be overly medicated, then a treatment may not be performed at that time. The patient will be informed that they may not be treated at that time and will be requested to reschedule their appointment.

I understand that I have the right to have a chaperone or advocate with me during the intake and treatment process, should I desire to do so.

I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures and conditions of treatment. 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 at TPAIM.

_____	_____
Patient's name (please print)	Patient's signature
_____	_____
Print Name of Patient's Representative (if applicable)	Relationship or Authority of Patient's Rep.
_____	_____
Signature of Patient's Representative (if applicable)	Date Signed