



Acupuncture Informed Consent to Treat

I understand that:

I hereby request and consent to the performance of acupuncture and other procedures within the scope of practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the licensed acupuncturist of AcuWell Integrative Health llc.

I understand that the methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese therapeutic massage), therapeutic massage (applied by a licensed massage therapist), Chinese herbal medicine, nutritional supplements, nutritional counseling, nutritional testing, natural functional medicine, light therapy, and essential oil therapy. All treatment methods are considered to be generally safe. While Traditional Chinese Medicine and therapeutic massage can be very beneficial during pregnancy and after, I must notify my acupuncturist or massage therapist if I become pregnant or trying to become pregnant so that my practitioner can adjust the treatment protocol accordingly.

I have been informed that acupuncture is generally a safe method of treatment, but that it may have some side effects. Bruising, while rare, is the most common side effect of acupuncture. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another unusual risk, although AcuWell Integrative Health llc uses sterile, single use needles, applies alcohol to a point to sanitize the area prior to insertion, and maintains a clean environment. Burns and/or scarring are a potential risk of moxibustion and cupping, or when utilizing heat lamps in the course of treatment. Bruising is a common side effect of cupping and/or Gua Sha.

Herbal and nutritional supplements recommended to me by my acupuncturist are safe in recommended doses. Large doses of herbs or supplements taken without my practitioner's recommendation may be

toxic. Certain herbs or supplements are inappropriate during pregnancy. Some possible side effects of herbs and nutritional supplements are nausea, gas, stomach aches, vomiting, headaches, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs or supplements and notify my acupuncturist as soon as I experience any discomfort or adverse reaction. I further understand that I must inform my acupuncturist if I am currently on or start taking any medications, or herbs and supplements from another source.



My acupuncturist may review my medical records and lab reports, but all my medical records will be kept confidential and will not be released without my written consent. While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgement during the course of treatment which the clinical staff thinks is in my best interest at the time of treatment, based upon the facts known at the time said treatment is applied. There is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I understand that AcuWell Integrative Health llc is extending me the option to pay a reduced fee based on pre-purchasing a treatment package or program. All sales are final. I understand that all pre-purchased packages must be used within one year of the date of purchase. If I miss a scheduled visit without following the 24-hour cancellation policy, I understand that I will use one treatment from my pre-purchased package or program in place of being charged the cancellation fee. If there are no more treatments in my package, I will be charged the cancellation fee based on the current policy price. I also understand that I may choose to opt out of these packages or programs and may choose to pay for sessions one by one.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risk and benefits of acupuncture and other procedures, and have had the opportunity to ask questions. I have also read and agree to all office policies at AcuWell Integrative Health llc. I intend this consent form to cover the entire course of treatment for my present condition and for any further condition(s) for which I seek treatment.

Patient or legal guardian signature: _____

Printed name of patient or legal guardian: _____ date: _____

AcuWell Integrative Health llc

Practitioner's signature: _____

Printed name of practitioner: _____ date: _____