Pacific NW Herbs & Acupuncture

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Acupuncture Informed Consent To Treat

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist(s) who now or in the future treat me.

I understand the methods of treatment may include, but are not limited to, acupuncture, Chinese herbal medicine, western herbal medicine, nutritional counseling, moxibustion ,gua sha, microcurrent stimulation, cupping, and massage. I understand that all above mentioned modalities are all safe methods of treatment. Potential risks may include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, fainting, spontaneous miscarriage, organ puncture, including lung puncture (pneumothorax), or nerve damage. Infection is possible, although the clinic uses sterile disposable needles and maintains a safe and clean environment. Potential risks of moxibustion are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha. I do not expect my practitioner to be able to anticipate all possible risks and complications of treatment. I rely on the practitioner to exercise their best judgement in my best interest during the course of treatment. I understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce a miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, diarrhea, headache, 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.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I recognize that scheduling an appointment involves the reservation of time specifically for me, and that consequently a 24hr notice is required to cancel an appointment. Unless otherwise agreed to in advance, a $50 fee will be charged for late cancellation. I understand that insurance does not reimburse for missed sessions. In signing this form I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

Patient signature_____Date_____