

Informed Consent Form

I have made a personal choice to receive treatment from _____
I understand that no promises or guarantees can be made regarding the outcome of treatment because of the uniqueness of each individual.

The scope of practice under acupuncture licensure in Minnesota includes using Oriental medical theory for diagnosis and for development of a treatment plan. Techniques may include insertion of sterile needles, electro-stimulation, heat, cupping, dermal friction, acupressure, herbal therapies, dietary counseling, breathing techniques and exercise; all of these according to Oriental medical principles.

I have been informed that side effects of acupuncture, while not common, may include some pain in the treatment area, minor bruising, temporary faintness, possible worsening of some symptoms for 24-48 hours before improvement begins, broken needles, and as with any procedure in which the skin is broken, a very slight risk of infection. I have been informed that only sterile disposable needles are used in treatment.

I understand that it is appropriate for me to consult my primary care physician about the acupuncture treatment if I choose to do so, if circumstances warrant, or if my acupuncturist recommends such consultation.

I understand that I should inform my acupuncturist whether or not a licensed physician has examined me with regard to my presenting complaint, and if so, what the Western medical diagnosis is. I should also report whether I have any serious illnesses, a bleeding disorder or a pacemaker.

I understand that 24 hours notice is necessary to cancel/reschedule.

Client Signature

Date

Practitioner Signature

Date