



CONSENT TO TREATMENT

THIS NOTICE DOCUMENTS PATIENT CONSENT TO TREATMENT. PLEASE REVIEW IT CAREFULLY.

I, _____, hereby authorize the Acupuncture Sanctuary to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following. (Please check any boxes you DO NOT GIVE your consent for)

- ☐ Palpation involves touching and examining the body to locate areas of pain, tenderness and “stuckness;” palpation is used to locate various acupuncture points and stimulate the local area to promote the flow of energy.
- ☐ Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations. Needled areas may bruise slightly after treatment.
- ☐ Heat treatments using *Artemisia vulgaris* (moxibustion, “moxa”) or a conventional heat lamp. Indirect moxibustion treatments involve putting moxa on the head of the needle or on top of a barrier such as salt or a slice of ginger. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from the moxa treatments may involve slight discomfort or leave a blister or scar on the skin. With any type of heat, there is always a risk of a burn.
- ☐ A massage technique called “gwa sha”. This treatment leaves redness on the skin that can last for 1-5 days. Slight bruising and tenderness may persist after the treatment.
- ☐ A massage technique called “tuina”. This treatment involves deeper muscular and joint manipulation similar to a deep tissue massage.
- ☐ Cupping may be used to promote circulation of Qi (energy) through the meridians. Cups may produce a red/purple color on the area treated lasting for 1-5 days.
- ☐ Electrical stimulation of the needles may be used which produces a vibration or tapping sensation or ion pumping cords may be attached to the needles.
- ☐ Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians. Lancets are inserted into the skin and a small amount of blood is expressed from the puncture.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment.

Signature of patient: _____

Printed name of patient: _____

Date: _____

Acupuncturist Signature: _____