INFORMED CONSENT FOR ACUPUNCTURE

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Patient Name _____ Birthdate_____

I hereby request and consent to the performance of acupuncture and other procedures including moxibustion by the acupuncturist named above.

I have had the opportunity to discuss with the acupuncturist and/or with the other office or clinical personnel about the purpose and benefits of acupuncture treatments and other treatments outlined below.

Though acupuncture treatments are highly beneficial and seldom cause any problem, I understand and I am informed that there are some risks to treatment. Risks include, but are not limited to bruising, soreness, dizziness, organ injury, and infection of the needle insertion points.

I understand that reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the acupuncture treatment that I have requested and authorized. I have had the opportunity to read this form and ask question. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Please discuss any questions or concerns with the acupuncturist.

_____ _____
Signature of Patient, Guardian or Personal Representative Date

_____ _____
Please print name of Patient, Guardian or Personal Representative Date

Witness Signature _____ Date _____
Acupuncturist's Signature _____ Date _____