

INFORMED CONSENT FOR ACUPUNCTURE AND ORIENTAL MEDICINE

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture described below on me (or on the patient named below, for whom I am legally responsible) by Brodie Welch, Licensed Acupuncturist (L.Ac). On occasion, if Brodie Welch, L.Ac. is not available, I consent to treatment by a substitute Acupuncturist serving as back-up.

Initial Here _____ General Information About Your Treatment: I understand that acupuncture and the other modalities described below are used in an Oriental Medicine treatment in an attempt to create harmony and balance, treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that results are not guaranteed. I understand that Licensed Acupuncturists practicing in the state of Oregon are not primary care providers and that regular primary care by a licensed physician is strongly recommended. I understand that acupuncture and its associated modalities are typically safe methods of treatment, but that some adverse side effects may result, as described below. I understand that I may refuse any modality I am not comfortable with and can ask for additional information at any time.

Initial Here _____ Acupuncture: I understand that acupuncture is performed by the insertion of single-use sterile needles through the skin. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I will report any dizziness I experience during or after a treatment. *Extremely rare* risks include nerve damage, organ puncture, or infection.

Initial Here _____ Indirect Moxibustion: I understand that indirect moxibustion involves the burning of an herb known as moxa or mugwort, near my skin in order to warm acupuncture points. I understand that while this procedure is **not** intended to result in burning and/or scarring of the skin, these are possible risks.

Initial Here _____ Direct Moxibustion: This differs from the above moxibustion procedure in that the burning moxa is applied directly to the skin and removed when the heat is felt. It carries a greater risk of burning and/or scarring because the moxa is actually touching the skin.

Initial Here _____ Chinese Herbal Supplements: Chinese herbs have been used safely for centuries. Infrequently, one may experience digestive upset or other reactions to herbs. If I experience any discomforts related to the use of herbs, I understand that I should stop the herbs and inform my acupuncturist of my symptoms as soon as possible. Some herbs may be inappropriate during pregnancy and breastfeeding. I accept full responsibility to inform the Acupuncturist of a suspected or confirmed pregnancy, or if I am a nursing mother.

Initial Here _____ Acupressure/Tui-Na Massage: I understand that I may also be given acupressure/ tui-na massage as part of my treatment. Side effects may include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment.

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Initial Here _____ Heat Treatment with a TDP Lamp: This is used to warm an area of the body. Every precaution is taken to prevent over-warming, but the rare possibility of mild burns exists any time any heat is employed.

Initial Here _____ Essential Oils: Organic, therapeutic-grade essential oils may be used aromatically or on the skin. Individuals may have sensitivity to specific oils, with the risk of minor skin irritation.

Initial Here _____ Cupping / Gua Sha: I understand I may also be given cupping, which involves the application of glass cups suctioned onto the skin, or *gua sha*, which involves the massaging of the skin with a smooth tool such as a porcelain spoon. **I am aware that these treatments often result in some bruising, which is normally not painful** and which usually resolves in 3-7 days. I understand that I may stop the treatment or request it be made less intense if it is too uncomfortable.

Initial Here _____ Electro-Acupuncture: A mild electric micro-current (similar to a TENS treatment) is used to stimulate the acupuncture points. A mild tingling or tapping sensation will be felt. Side effects may include but are not limited to electric shock, pain or discomfort, and the possible aggravation of pre-existing symptoms.

- I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.
- I do not expect the Acupuncturist to be able to anticipate and explain all risks and complications.
- I have carefully read, or had read to me, the information on this consent form and I fully understand it.
- I understand the possible risks and complications involved. I have had the opportunity to discuss this consent form with my Acupuncturist. I understand that I can request more information at any time if desired.
- I understand that I have the right to refuse or discontinue any treatment or modality at any time.
- I understand that accurate information is essential to proper diagnosis and treatment and agree to keep my Acupuncturist informed of changes to my health and/or medication information.
- I give my permission and consent to receiving treatment involving the above procedures.

Patient Name (please print)

Patient (or Parent/Guardian) Signature

Date

Parent/Guardian name (print)

Your relationship to the patient