



# TO THE POINT ACUPUNCTURE

## Consent to Treatment

I, \_\_\_\_\_, hereby authorize Jill Doan, Licensed Acupuncturist of *To The Point Acupuncture* to administer any style of Oriental Medicine relevant to my diagnosis and treatment, included but not limited to the following:

**ACUPUNCTURE:** I understand that acupuncture is preformed by the insertion of various styles and sizes of needles through the skin at various depths and locations. This is done in an attempt to treat dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. This could include, but are not limited to: local bruising, minor bleeding, fainting, and pain or discomfort. I understand that no guarantees are given to me concerning its use and effectiveness and that I am free to stop acupuncture treatment at any time.

**MOXIBUSTION/HEAT:** I understand that heat treatments using *Artemesia vulgaris* ("moxa") involve putting moxa on the head of a needle while inserted in the skin, on top of a barrier such as salt or a slice of ginger, or directly onto the skin. The heat generated from the moxa treatments may involve a slight discomfort or leave a blister or scar on the skin. A conventional heat lamp may also be used during treatment. With any type of heat, there is always a risk of burn.

**CHINESE HERBS:** I understand that Chinese herbal formulas may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems, which I associate with these substances, I should suspend taking them and call To The Point Acupuncture as soon as possible.*

**CUPPING/GWA SHA:** I understand the cupping may be used to promote the circulation of qi (energy) through the meridians. Cups may produce a red/purple color on the area treated lasting for 1-5 days. I also understand that a massage technique called gwa sha may be used. This treatment leaves redness on the skin that can last 1-5 days. Slight bruising and tenderness may persist after the treatment.

**BLOODLETTING:** I understand that bloodletting can be used alone or in conjunction with cupping and is used to improve circulation in specific meridians. Lancets are used to prick the skin and a small amount of blood is expressed from the puncture.

**ELECTRO-ACUPUNCTURE:** I understand that I may be asked to have electro-acupuncture administered with the acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, or the possible aggravation of symptoms existing prior to treatment.

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 in the treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand that 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/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of patient: \_\_\_\_\_

Signature of Acupuncturist: \_\_\_\_\_ Date: \_\_\_\_\_