TO THE POINT ACUPUNCTURE

Pediatric Consent to Treatment and Office Policies

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

ACUPUNCTURE: I understand that *Shonishin* is a Japanese form of pediatric acupuncture that does not use insertive techniques. The special tools used for this unique and painless approach to acupuncture are held carefully over the acupuncture point, or brushed gently along the acupuncture pathways over the body.

CHINESE HERBS: I understand that Chinese herbal formulas may be recommended for my child to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that my child is not required to take these substances but must follow the directions for administration if so decided 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 my child experience any problems, which I associate with these substances, I should suspend giving them to him/her and call To The Point Acupuncture as soon as possible.*

CUPPING: I understand the cupping may be used to promote the circulation of qi (energy) through the meridians. The cups may produce a red/purple color on the area treated lasting for 1-5 days.

I have been informed of 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.

PAYMENT:

Payment is due at the time of service. Although cash or checks are preferred, payments can be made in the office through paypal® which accepts all major credit cards. This office does accept some insurance. Please discuss this with the acupuncturist before beginning treatment. If this office does not accept your particular insurance, but your insurance company covers acupuncture, I will gladly give you a receipt for your treatments so you can submit them to your insurance company for reimbursement. Payment for herbal prescriptions will be dealt with online and will be shipped directly to your house.

MISSED APPOINTMENT AND LATE POLICY:

Your appointment time is reserved specifically for you. **In the event of a missed appointment or an appointment cancelled with less than 24 hours notice you will be charged accordingly.** Insurance will not pay for a missed appointment. A patient that is late may not be seen unless I have been notified of the tardiness ahead of time. Also, the treatment will still end at the regularly scheduled time.

REASONS FOR BEING DISMISSED/DENIED TREATMENT:

Patients who show inappropriate conduct, non-or late payment of fees, or safety concerns may be denied treatment.

PLEASE INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THESE TERMS BY SIGNING BELOW.

Signature of parent/guardian:_____ Date:_____

Printed name of patient:_____

Signature of Acupuncturist:_____ Date:_____