To The Point Acupuncture, LLC
1215 Jones Franklin Road, Suite 202
Raleigh, NC 27606
(919) 621-3363

CONSENT TO TREATMENT

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

ACUPUNCTURE: I understand that acupuncture is performed 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 understand that acupuncture is generally a very safe method of treatment with few, but possible side effects. 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 a conventional heat lamp or moxibustion (*Artemesia vulgaris*) may be used during treatment to promote healing and stimulate the flow of qi and blood. 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 during my course of treatment. 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, LLC immediately.*

CUPPING/GUA SHA: I understand that if I receive cupping or gua sha during my treatment, there is a likelihood that bruising or discoloration on the skin may occur on the area that was treated lasting 1-5 days. Slight tenderness may persist after the treatment.

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:_____