



## Informed Consent to Receive Acupuncture Treatment

I hereby request and consent to the treatment of Acupuncture and/or Chinese Medicine procedures including diagnostic techniques such as: questioning, pulse evaluation, palpation of body, observation, range of motion, cupping, tui na, gua sha, moxibustion, electrical stimulation of acupoints, auricular therapy, dietary recommendations, exercise advice, and healthy lifestyle counseling on myself (or the patient named below for whom I am legally responsible) by a licensed acupuncturist at Better Days Acupuncture LLC. I am hereby informed that the treatment methods are all generally safe but that there may be some side effects or risks.

### Potential Side Effects:

I understand and am informed that, as in the practice of allopathic medicine, in the practice of Chinese Medicine, there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include but are not limited to: at the site of needle insertion there may be soreness, itching, radiating sensations, numbness, tingling, bruising, swelling, or nerve damage. The skin may become red, itchy, bruised from applications of Gua sha and or Cupping. A burn may happen as result of moxibustion. A person might also experience general aches, weakness, fatigue, fainting, organ puncture (extremely rare), and infection - although Better Days Acupuncture LLC uses only sterile, disposable needles and maintains a clean and safe environment. Acupuncture can cause aggravation of symptoms existing prior to acupuncture treatment and appearance of new symptoms.

I have had the opportunity to discuss with my professional practitioner, and/or with other clinic personnel the nature and purpose of Chinese Medicine procedures. Although I am aware that acupuncture and other Eastern Medicine modalities have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand that I have the right to refuse any part of the treatment. I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise such good judgment, during the course of my treatment, as the practitioner feels at the time, based on the facts provided, to be in my best interest. I authorize the practitioner to perform any necessary services found to be needed during the diagnosis and treatment within the scope of practice for Oriental Medicine and licensure as an acupuncturist in the state of Texas.

I have read or have had read to me the informed consent form. I have also had an opportunity to ask questions about it's content, and by signing below, I agree to the above named procedures. 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 by Better Days Acupuncture LLC.

Signature \_\_\_\_\_ Date: \_\_\_\_\_