

Acupuncture By Jewels

ACUPUNCTURE CONSENT FORM

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient below, for whom I am legally responsible) by the acupuncturist indicated below.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify Jewels of any unanticipated effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and the tingling of the tongue.

In approximately 10%-20% of cases, an aggravation of the symptom may occur within the first 24-48 hours. This is a good sign. When it ends, the original symptom will diminish with it. This is a "break-through phenomena." While not expected, it is worth being pre-informed of this possibility.

I will notify my acupuncturist, who is caring for me if I am, or become pregnant, if I have ever experienced fainting, or if taking anti-coagulant drugs (blood thinners).

While I do not expect my acupuncturist to be able to anticipate and explain all possible risks and complications of treatments, I wish to rely on her to exercise judgement during the course of treatment, which she thinks at the time, based upon the facts know, is in my best interest. I understand that results are not guaranteed.

I understand my acupuncturist may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) of which I seek.

Acupuncturist Name: Jewels Kalkan LAc.

Patient's Full Name (printed)

Date

Patient (or legal guardian) Signature

Relationship to patient