Informed Consent To Treat

What is acupuncture? Acupuncture is a healing art that involves the stimulation of specific points on the body. It helps normalize physiological function, modify the perception of pain and treat certain diseases or dysfunctions of the body. The stimulation may be produced by needles, heat, digital pressure, electrical currents or other means, but most frequently by needling.

Herbs and nutritional supplements may be recommended by your acupuncturist and are considered safe in the practice of Chinese medicine.

What are the side effects or complications? Acupuncture is considered a safe method of treatment but occasionally there may be some bruising or tingling near the needling sites that lasts a few days. There have been rare instances reported in which a patient fainted, developed a scar or infection, experienced a spontaneous abortion or sustained a pneumothorax (air in the chest cavity that could cause a collapsed lung).

What are the contraindications for acupuncture or the use of Chinese herbal medicine? Contraindications include a history of a bleeding disorder or current anticoagulant therapy, an implanted pacemaker or prosthetic heart valve and use of certain medications.

Consent for Acupuncture Treatment

Janet L. Lee, L.Ac., DACM, has explained the benefits and possible risks of treatment by acupuncture and Chinese herbal medicine to me. My questions have been answered and I wish to proceed. No guarantee of results has been made. I understand that I can refuse treatment at any time.

I do not have an implanted pacemaker or prosthetic heart valve. I do not take steroids or anticoagulants. I take the following drugs:

__________________________________________________________________________

I have read this information sheet and consent to treatment by acupuncture for these conditions:

__________________________________________________________________________

I have received a copy of this information and consent form:

Client’s name (please print): ____________________________________________

Client’s signature: ____________________________ Date ______________

Acupuncturist’s signature: ____________________________

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