

CONSENT FOR ACUPUNCTURE TREATMENT

By signing below, I show that:

- I have read and understand the possible risks and complications involved in treatment. I have had the opportunity to discuss this consent form with my Licensed Acupuncturist. I understand I can request more information at any time, if desired.
- I consent to receiving treatment that involves the procedures identified below.
- I understand that I have the right to refuse or discontinue treatment at any time.

I understand that acupuncture involves a licensed acupuncturist placing sterilized, one-time use, disposable needles through the skin, which may produce mild, temporary discomfort at the acupuncture site. Occasionally, upon removal of the needles, very slight bleeding may occur and potentially result in a small (coin-sized) bruise. Other possible risks from acupuncture include dizziness and fainting or light-headedness. I will report to my Acupuncturist if I feel any of the aforementioned symptoms during or after an acupuncture treatment. Extremely rare risks of acupuncture include nerve damage, organ puncture and infection.

An acupuncturist may also perform gua sha or cupping (manual techniques), use moxa (heat therapy), apply electro-stimulation, and recommend dietary and lifestyle changes and/or Chinese herbs, as appropriate to treatment.

Acupuncturists are licensed by the State of FL to practice acupuncture and the above mentioned treatments. An acupuncturist is not making a western medical diagnosis of your medical condition.

Patient or Guardian's Signature _____ **Date** _____

Practitioner's Signature _____ **Date** _____