

## Patient Information and Consent Form

Kindly read this form, and if you understand everything, sign at the bottom and bring it to your first appointment.

Treatment by acupuncture includes a wide variety of techniques including but not limited to the following:

- \* Acupuncture: insertion of special sterilized needles through the skin into underlying tissues at specific points on the surface of the body.
- \* Moxa/Moxibustion: direct or indirect burning of ground up herbs on an acupoint using stick, string, cone, or ball moxa.
- \* Cupping: a technique to relieve symptoms in which cups made of glass or other materials are placed on the skin with a vacume created by heat or other device.
- \* Gua Sha: rubbing on an area of the body with a rounded instrument.
- \* Dietary and lifestyle advice: based on both western and traditional Chinese medical theory.
- \* Blood-letting: pricking problematic points on the skin to release a tiny amount of blood.
- \* Electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians.
- \* Infra-red therapy: radiant heating used to warm and relax muscle fibers.
- \* Tuina or Shiatsu: Chinese and Japanese massage is used to treat a wide variety of common disharmonies.

**The potential benefits:** Acupuncture may allow for the painless relief of one's symptoms without the need for drugs or surgery, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problems.

**Potential risks:** Slight pain or discomfort at the site of needle insertion, slight bruising or bleeding are common and can be expected as the body reacts to treatment. Weakness, numbness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment are less common, but may also occur. Cupping almost always causes bruising. Moxibustion may result in redness or small burns on the skin surface. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Every effort will be taken to prevent the above side effects, but it is important that you understand these risks.

**Alternatives:** You have many treatment alternatives that may be equally or more effective than acupuncture, depending on the ailment and patient situation. These include western medicine, pharmaceuticals, chiropractic, physical therapy, massage, and diet therapy.

**Herbal Remedies:** 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 Oriental Medicine, although some may be toxic in large or improper doses. Some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a staff member of Boston Acupuncture if I experience any of the above-mentioned side effects or if I become pregnant.

**Use of Disposable Needles:** To reduce the possibility of infection from acupuncture, all needles are pre-sterilized, one-time use needles made of surgical stainless steel needles. Additionally, your acupuncturist has had training in Clean Needle Technique and Universal Precautions. I understand the clinical and administrative staff 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. I understand that it is my responsibility to inform the practitioner of all current medications, herbs and supplements that I take. In addition I will inform the practitioner of any pace makers, artificial implants, addictions, and allergies I have as they may affect the treatment plan. By voluntarily signing below, I show that I have read the above consent to treatment, and understand 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) for which I seek treatment.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

