

Informed Consent to Acupuncture Treatment and Care

I hereby request and consent to the performance of procedures which are within the scope of practice of acupuncture. This includes, but is not limited to acupuncture treatments on me (or on the patient named below, for whom I am legally responsible) by either **Colleen Delaney, L.Ac** or **John Struthers, L.Ac** at the **Acupuncture Center of Chico**.

I understand that methods of treatment may include, but are not limited to, acupuncture, electrical stimulation, cupping, Tui-Na (Oriental massage), dietary supplements, herbal therapy, and counseling in nutritional and relaxation techniques and the use of heat lamps for your comfort. I will alert the acupuncturist immediately if the heat lamp is uncomfortable or not required.

I understand that acupuncture treatments are generally safe, but that it may have some side effects, including bruising, temporary bleeding, numbness or tingling near the needling sites that may last a couple of minutes to a couple of days, dizziness or (rarely) fainting, and mild nausea. I will notify the acupuncturist immediately if I feel uncomfortable at any time during or after treatment. There have been instances reported of spontaneous miscarriage and pneumothorax, although these side effects are *very rare*. Infection is another rare possible risk, although the acupuncturist uses sterile, disposable needles only.

Herbs that have been used in treatment, or are recommended, are traditionally considered safe in the practice of Chinese Medicine, although they may be toxic in large doses and are not to be given to anyone other than the person they are prescribed for. Some of the possible side effects of taking herbs are nausea, gas, hives, rashes, diarrhea, vomiting and tingling of the tongue. If I experience anything unusual during herbal treatment I will notify the acupuncturist immediately. I understand that some herbs and other therapies may be inappropriate during pregnancy. I will notify the acupuncturist if I think I may be pregnant.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I do not expect the acupuncturist to be able to anticipate and explain all the risks and complications. I wish to rely on the acupuncturist to exercise judgment during the course of the procedure, which the acupuncturist feels at the time, based upon the facts then known, is in my best interests.

I understand that results are not guaranteed. 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 conditions for which I may seek treatment.

Patient Signature _____ Date: _____
(or Patient Representative)