

Informed Consent to Treatment

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Dr. Ella Woods, Doctor of Acupuncture and Oriental Medicine and Licensed Acupuncturist. I have discussed the nature and purpose of my treatment with Dr. Woods.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, gua sha, bleeding technique, electrical stimulation, acupressure, Chinese herbal formulas, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping and gua sha. Burns and/or scarring are a potential risk of moxibustion, particularly direct moxibustion. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile needles and clean needling techniques, as well as 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.

I understand that treatment may require me to lie still and not move for 20 minutes or more. Changing position during an acupuncture treatment is not permitted and may increase the likelihood of bruising, pain, or damage to local tissues.

The herbs and nutritional supplements (which include 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, diarrhea, headache, rashes, hives and tingling of the tongue.

I understand that the herbs need to be prepared and the tea consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant taste or smell. I will immediately notify Dr. Woods, of any unanticipated or unpleasant effects associated with the consumption of the herbs or supplements and discontinue their use until further instructed.

I will notify Dr. Woods, if I am or become pregnant, if I have a pacemaker or other implanted medical devices, or of any medications or supplements I may be taking.

I do not expect Dr. Woods to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on her to exercise judgement during the course of treatment which she thinks at the time, based upon the facts then known, is in my best interest.

By voluntarily signing below, I show that I have read (or have had read to me) this 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 to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

X _____
Signature of patient or representative

Print name of patient

Date: _____

Print name of patient representative, if necessary