

ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby consent to acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below for whom I am legally responsible) by acupuncturists Anne Drogin, Midgie Franz, Lisa Keyes, Michelle Racine and/or Harvmit Huang. Methods of treatment may include acupuncture, moxibustion, cupping, gua sha, electroacupuncture or nutritional counseling based on the concepts of traditional Chinese medicine.

I understand that acupuncture is a generally safe method of treatment, but that it may occasionally have some side effects, including bruising, numbness, tingling or pain near the needling site that may last a few days, and in rare cases, dizziness or fainting. Bruising is a common side effect of cupping and gua sha.

Acupuncture treatment is not a replacement for diagnostic medical procedures. An acupuncturist does not diagnose according to standard medical practice, nor should a "Chinese Diagnosis" be considered a replacement for standard medical evaluation or testing. If you have any concerns about what may be causing your symptoms, you must see a medical doctor.

Signature _____

Date _____