Healing Hands Acupuncture and Herbal Clinic, LLC

218 East Tremont Ave., Suite C
Charlotte, NC 28203

Phone: (704) 578-7683
www.TheHealingHandsClinic.com

Acupuncture Informed Consent To Treat

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of Traditional Chinese Medicine on me (or on the patient named below, for whom I am legally responsible) by the Acupuncturist named below.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, tui na, gua sha, Chinese herbal medicine, and nutritional and lifestyle counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. I will immediately notify the Acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a safe method, but that it may have some side effects including: bruising, numbness or tingling near the needling sites that may last a few days, dizziness, vertigo, and/or fainting. Unusual and highly rare risks of acupuncture include: spontaneous miscarriage, nerve damage, and/or organ puncture. Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. Bruising is also a common side effect of the cupping procedure. I understand that while this document describes the major risks of treatment, other side effects may occur. The herbs (which are from 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, headaches, diarrhea, rashes, hives, and/or tingling of the tongue. I will notify the Acupuncturist if I am or become pregnant.

I do not expect the Acupuncturist to be able to anticipate and explain all risks and complications of treatment and I wish to rely on their right to exercise judgment during the course of treatment as to what they think would be in my best interest. I understand that results are not guaranteed. I understand the Acupuncturist may review my patient records, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been informed about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend for 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 Name (please print): ____

Patient /Guardian Signature: ____

Acupuncturist Name (please print): ____

Acupuncturist Signature: ____

Date: ____________________