

## Patient Information & Informed Consent

I understand that the treating practitioner is a Licensed Acupuncturist in the state of North Carolina. I voluntarily consent for treatment and understand that treatment may include, but is not limited to: the use of acupuncture needles, various forms of moxabustion therapy, cupping, herbal formulas, acupressure, magnets, tui na (Chinese Massage), supplements and diet and nutritional counseling.

I fully understand that the risks of treatment, although limited, could include the following: infection, burns, bruising, puncturing organs in the abdominal or chest cavities, shock induced by needle stimulation, premature labor in pregnant females, herbal side effects, drug interactions or allergic reactions.

If I use a pacemaker, have metal plates, rods or an artificial joint in my body, have an infectious disease, am taking herbs, medications, supplements or any drugs, or suspect that I am pregnant, I agree that I will inform my practitioner before beginning the treatment.

I understand that slight bruising from cupping or needles may be a normal side effect.

I understand the above-referenced treatments may affect people differently. The duration of treatment varies, and there is no stated or implied guarantee of success of effectiveness after a specific treatment or series of treatments.

I understand that Chinese medicine is complimentary health care system and that the practitioner is not providing western (allopathic) medical care.

Printed Name: \_\_\_\_\_

Patient Signature \_\_\_\_\_  
(Parent or Guardian if under 18 years of age)

Date: \_\_\_\_\_