

## JADE CLINIC

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### INFORMED CONSENT

I, the undersigned, understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, massage, Qi Gong/exercises and nutritional counseling.

I understand that acupuncture, moxibustion, electrostimulation and cupping are all safe methods of treatment. Potential side effects include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, organ puncture (e.g., pneumothorax), spontaneous miscarriage, nerve damage, or fainting. Infection is possible, although this clinic uses sterile disposable needles and maintains a safe and clean environment. Temporary redness, burns, scarring or bruising are potential risks of moxibustion and cupping.

Herbal and nutritional supplements (from plant, animal and mineral sources) recommended to me by my acupuncturist are safe in the recommended doses. Large doses or herbs taken without my practitioner's recommendation may get toxic. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that I must stop the herbs and notify my acupuncturist as soon as I experience any discomfort. I understand that some herbs may be inappropriate during pregnancy. I will notify my acupuncturist should I become pregnant or if I am trying to get pregnant so that my practitioner can avoid points and herbs that are unsafe. Otherwise, Chinese medicine treatment can be very beneficial during pregnancy and labor.

I understand that clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I will rely on her to exercise her judgment in my best interest during the course of the treatment based on the facts then known.

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 this consent form to cover all future treatments I receive at this clinic as well as acupuncture treatments given by those working for or serving as back-up for the above-named practitioners.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_