

Acupuncture Consent To Treatment

I hereby request and consent to the performance of acupuncture treatments and other Oriental medicine procedures on me (or on the patient named below, for which I am legally responsible) by Amy Jao, Licensed Acupuncturist.

I understand that methods or treatments may include, but are not limited to acupuncture, moxabustion, acupressure, Tui Na (Chinese Massage), cupping, Gua Sha, electrical stimulation, bloodletting, Chinese or Western herbal medicine and nutritional counseling. I understand I may refuse any of these therapies at any time.

Acupuncture/Moxabustion: I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture and moxabustion treatment at any time.

Acupressure/Tui-Na Massage/Cupping/Gua Sha: I understand that I may also be given these bodywork therapies as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from these treatments. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture administered with the acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand the same herbs may be inappropriate during pregnancy and will inform my practitioner immediately of pregnancy status. If I experience any gastro-intestinal upset or allergic reactions to the herbs, I will suspend taking them and inform the acupuncturist immediately.

I agree to pay the full charge for any missed or forgotten appointments without 24-hour notice of cancellation.

I agree to pay all charges incurred for services rendered, over and above insurance coverage.

I have read, or have had read to me the above consent. I have also had an opportunity to ask questions about its content, and fully understand that by signing below I agree to the above-named procedures. I intend 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.

Signature of Patient or Legal Guardian: _____ Date: _____

Printed Name of Patient: _____ Are you pregnant? _____

Amy Jao, Lic.Ac., M.Ac.
Licensed Acupuncturist
65 Eastern Ave.
Essex, MA 01929
978.768.6321 x2
amyjao@me.com
www.amyjaoacupuncture.com