

Bankers Hall Club

Informed Consent for Acupuncture Treatment

I, _____ (print name) request and consent to the performance of acupuncture and other Traditional Chinese Medicinal modalities, by the acupuncturist named below:

Naomi Diehl, Dr. of Traditional Chinese Medicine, DTCM, RAc, BTCM

Chris Sitter, Dr. of Acupuncture, RMT, RAc

I understand that methods of treatments may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, breathing techniques, Tuina (Chinese massage), Chinese or Western herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment but that it may have side effects including: bruising, temporary numbness or tingling near the insertion and dizziness or fainting. I understand that I should not make significant movements while the needles are being inserted, retained, or removed. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including pneumothorax. Infection is another possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment other side effects and risks may occur. It is important I notify the acupuncturist if I am or become pregnant to minimize any risk.

The herbs and nutritional supplements (which are from plant, mineral, and animal 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, stomach ache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue.

I understand that the herbs need to be consumed according to the instructions provided orally and in writing. I understand that some herbs may have an unpleasant taste or smell. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

By voluntarily signing below I show that I have read this consent to treatment, have been told 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 the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

X _____
Signature of Patient

Date

Witness initials