

## Informed Consent to Treatment

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I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of Oriental medicine, including various modes of physio-therapy on me (or on the patient named below, for whom I am legally responsible) by the below named licensed acupuncturist.

I understand that treatments may include acupuncture, diagnostic techniques (questioning, pulse evaluation, palpation, observation, active and passive range of motion and muscle testing), massage techniques, joint and/or visceral manipulation, heat and/or cold therapy, electrical stimulation (e-stim), instrument assisted soft tissue manipulation (cupping, gua sha), moxibustion, recommendation of herbal and homeopathic preparations for ingestion and/or external application, dietary recommendations, and healthy lifestyle counseling.

I understand that treatment from the acupuncturist named below does not substitute for appropriate medical evaluation and treatment by a licensed physician. I have been advised to consult with a licensed physician if there is worsening of my ailment/condition, if it does not improve within an estimated timeframe or if a new ailment/condition arises. If I am presently under the care of a physician, I have been advised to continue all treatments and medications as prescribed.

I have read, or have had read to me this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend that this consent form covers the entire course of treatment for my present and any future conditions for which I seek treatment with this practitioner.

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Patient Name (Please print)                      Patient (or Patient's Representative) Signature                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Licensed Acupuncturist Name (Please print)                      Licensed Acupuncturist Signature                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date