



POINT Acupuncture | Asian Medicine

INFORMED CONSENT FORM

Acupuncture is performed by the insertion of pre-sterilized, disposable needles through the skin, and may include the application of heat or electrical stimulation to certain points on the body. Although rare, certain side effects may result from acupuncture. **PLEASE READ THE FOLLOWING STATEMENTS AND SIGN ONCE YOU UNDERSTAND THAT EACH PROCEDURE OR TREATMENT MAY HAVE SPECIFIC RISKS AND SIDE EFFECTS.**

Procedures and products that may apply to my treatment:

- Acupuncture Needles
- Manual or electrical stimulation of acupuncture needles
- Moxibustion
- Herbs
- Acupressure
- Laserpressure
- Magnet therapy
- Cupping

Potential risks and side effects of Acupuncture and Asian medical procedures:

- Minor bruising
- Burns
- Possible pain at the site of insertion
- Light headedness or fainting
- Bending or breaking of needles
- Fatigue
- Possible aggravation of symptoms
- Infection, and the risk of needling in the vicinity of an infection
- Spontaneous miscarriage
- Pneumothorax

IF YOUR INSURANCE DENIES PAYMENT, YOU WILL BE RESPONSIBLE FOR EACH BILL.

THE BENEFITS AND RISKS OF RECEIVING ACUPUNCTURE AND ASIAN MEDICAL TREATMENTS HAVE BEEN EXPLAINED TO ME. I UNDERSTAND THAT THERE ARE NO GUARANTEES GIVEN TO ME CONCERNING THE USE OF ACUPUNCTURE AND ASIAN MEDICINE. I AM FREE TO STOP TREATMENTS AT ANY TIME.

CANCELLATION WITHOUT 24 HOURS NOTICE WILL BE BILLED \$20 FEE.

PATIENT'S SIGNATURE _____ **DATE** _____

CONSENT TO TREAT A MINOR

I authorize the acupuncturist and/or whomever they designate as assistants to administer acupuncture care as deemed necessary to my _____ (relationship).

PATIENT'S NAME _____ **DATE** _____

ADULT SIGNATURE _____ **DATE** _____