



ACUPUNCTURE INFORMED CONSENT FOR TOUCH OF WELLNESS CHIROPRACTIC

Please read this information carefully, and ask Dr. Hannah or the front desk if there is anything that you do not understand.

I understand that methods of treatment may include but are not limited to acupuncture, moxibustion, cupping, and TeiShin needles.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, achiness, numbness or tingling near the needling sites that may last a few days and dizziness or fainting. Bruising is a common side effect of cupping and needling. Rare and unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this site uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are potential risk of moxibustion.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (from plant, animal and mineral sources) which may be recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses and over long term usage. Some possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, diarrhea, rashes, hives and tingling of the tongue. I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment.

I will notify Dr. Hannah if I am pregnant or become pregnant, as many points are forbidden to needle during pregnancy, have a pacemaker or any other electrical implants, have a bleeding disorder, taking anti-coagulants, have damaged heart valves or have any other particular risk of infection, and/or have a blood-borne infectious disease.

I understand that some herbs may be inappropriate during pregnancy.

I have read the explanation above of acupuncture treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment.

DATE: _____

Signature

Printed Name

Signature of Parent or Guardian (if a minor)