

Anderson Integrative Acupuncture

Consent to Treatment

Acupuncture is the insertion of thin, sterilized, disposal needles into the body and can also include other modalities such as moxibustion (a form of heat therapy involving herbs), cupping (the utilization of small suction cups on the skin), TDP lamp (heat therapy), Gua Sha (a scraping technique used on the skin), and electro-acupuncture (similar to a TENS system in which clips are placed on inserted needles). You, the patient, have the **choice** at any time to accept or reject any proposed diagnostic or treatment procedures being offered.

During the administration of treatment, varying sensations may be experienced and are individually based. In general, with acupuncture, patients often report feelings of fullness, or distended feeling around the needle when inserted; other common sensations including itching, tingling, the feeling of energy moving, or a quick electrical feeling that usually disappears once the needle has been inserted. **If at any time, you experience sensations that are too uncomfortable please inform your practitioner and the needles can be adjusted for you.**

Once the needles are in place, you will be given a period to rest, the length being relative to the condition being treated and individual sensitivities. During this time, most patients report combined feelings of floating and heaviness; this is typically a very comfortable sensation and many people actually fall asleep. With the conclusion of treatment, patients often report such feelings as extreme relaxation, increased energy, peacefulness or increased clarity of thought and/or vision. One may also experience an immediate decrease in symptom, although in some cases, stiffness or soreness may result; these later two sensations may be due to being in one position for an extended period, however as the needles increase blood flow and, there will be increased circulation. In addition, with the removal of the needles, there may be an occasional instance of bruising. Bruising can also occur with cupping and Gua Sha. Unusual side effects would be spontaneous miscarriage, nerve sensitivity, organ puncture, pneumothorax and infection. However, this clinic uses sterile disposable needles and maintains a clean and safe environment. In all cases, it is advisable after treatment to avoid, for several hours at least, heavy exercise, excessive sweating (hot tub, saunas), and alcohol, as these may affect the treatment. If possible, plan your activities so that after treatment you can rest and thus allow your body to gain the maximum benefit.

It is important that you be aware of any type of change that may occur during and after treatment. Oriental Medicine, in its goal of re-establishing a balanced and harmonious energy flow, therefore it is possible to experience an intense awareness of old memories, unfamiliar bursts of anger, weepiness, or other emotions, a short period of intensification of a particular symptom, a change in bowel or urinary patterns, appetite, sleep energy levels, and so forth. These changes are usually temporary and are often an important part of the healing process; with each session, you will be asked to report any changes in physical or emotional patterns that may have occurred between treatments, as such detail is valuable in planning the course of treatment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. In the case of pregnancy, I will notify a clinical staff member who is caring for me if I am or become pregnant.

Acupuncture is not intended to substitute for diagnosis or treatment by medical doctors or to be as an alternative to necessary medical care. It is expected that you are under the care of a primary care physician or medical specialist, that pregnant patients are being managed by an appropriate healthcare professional, and the cancer patients are seeking adjunctive cancer support are under the care of an oncologist.

I understand that I must inform and continue to inform this office of any medical history, family history, medications and/or supplements being taken currently both prescription and over the counter.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment, which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand and I am informed that, as is with all Healthcare treatments, results are not guaranteed and there is no promise to cure.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above 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.

Traditional Chinese medicine is a safe, effective form of treatment and works well in conjunction with Western medicine, chiropractic, osteopathy, and other healing modalities. It is used in cooperation with other care you are receiving, and any prescription medication should be continued as prescribed by your personal physician. We encourage you to discuss the care you are receiving from other physicians, as well as informing your other health care providers of our work together. It is important that you see this form of treatment as part of your care team, so that we can all work together with you.

My following signature signifies that I have read and understand the above, and that I release any liability from Anderson Integrative Acupuncture LLC and Ann-Marie Anderson L.Ac. for any adverse reactions/side effects and give my consent to treatment.

Patient's Signature

Date _____

Patient's Printed Name

Patient's Guardian's Signature
