



PATIENT CONSENT FORM
Informed Consent to Chinese Medicine
Diagnosis and Therapy

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Chinese Medicine is a healing system that includes multiple therapeutic modalities. This medical system facilitates the body's innate healing capability and requires participation in taking personal responsibility in assisting one's own health recovery. In some cases, symptoms may relapse or intensify temporarily during the course of treatment before relief is attained. The patient is a partner with the acupuncturist in the healing process. The statements below describe the treatment modalities which may be employed during treatment and will assist understanding and participation in the healing process.

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1. Acupuncture is a technique utilizing fine sterile disposable stainless steel needles inserted at specific points in the body to cause a positive response in order to correct various ailments. The location of the application of the needles and the depth of their insertion is determined by the nature of the problem. I understand that the application of these needles may be accompanied by some painful sensations and that there is a slight possibility that a minor swelling, bleeding, discoloration, hematoma, fainting, or bruise may occur at the site of insertion. A sensation of momentary euphoria or light-headedness may occur after acupuncture treatment. I will immediately notify the acupuncturist if I experience any symptoms or problems.

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2. Electrical Stimulation of the acupuncture needles involves using a small battery-powered stimulator attached by electrodes to the ends of the needles. A slight throbbing or tingling sensation may be felt during the use of this stimulator. This modality is usually employed for pain management and other specific conditions.

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3. Moxibustion is the application of indirect heat supplied by burning the herb *Folium Artemisiae vulgaris*, or commonly known as "Mugwort plant", over a single or group of acupuncture points. The area of treatment may remain red and warm for several hours afterwards. In rare incidence a minor burn may occur at the site of moxibustion. I will immediately notify the acupuncturist if I experience any symptoms or problems.

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4. Cupping utilizes round suction cups over a large muscular area such as the back to enhance blood circulation to the designated area. This method may produce deep redness, discoloration, and on rare occasion a minor blister may form that may persist up to several days but will eventually disappear.

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5. Herbal Nutrients are utilized to facilitate the body's own restorative process. These herbs are usually taken in tea form by boiling dried plants in their natural form. Chinese herbal teas tend to taste bitter because they are made mostly from roots, barks, and different parts of a plant. On rare occasions, temporary gastric upset may occur. If any discomfort persists, accompanied by hives or shortness of breath, I will advise my attending acupuncturist immediately.

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6. Tuina is a specialized body work technique utilized in facilitating healing and pain management. There occasionally may be increased soreness or bruising at the sites of the treatment.

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There are risks involved in any procedure or treatment. I do not expect the acupuncturist to be able to anticipate all risks and complications related to my condition, and I understand that all medical conditions cannot be successfully treated by acupuncture or Chinese Medicine. I understand that an acupuncturist is not a medical doctor. I desire to rely on the acupuncturist to exercise judgement during the course of treatment which the acupuncturist deems appropriate and in my best interests, based upon facts then known. I also understand that, whenever necessary, I must continue to seek treatment with a medical doctor for any conditions which cannot be resolved by acupuncture or Chinese Medicine.

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I hereby certify, by signing below, that I have read this entire form, asked questions if I did not understand, and that I consent to the provisions described above. 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.

Signature

Date