

# Patient Consent Form

## SERVICES:

**Acupuncture** uses clean needle techniques. It involves inserting sterilized fine, disposable filiform acupuncture needles into the skin at precise locations to promote the movement of qi in the meridians. This may cause bleeding, bruising, induce a deep sense of relaxation or increased energy, and, although rare, may cause an infection at the site of needle insertion or pneumothorax when acupuncture is not performed by a skilled practitioner of acupuncture. Locating a point may also require light palpation at or around the meridian points to ensure accuracy of point location. I understand what acupuncture involves and am aware of the risks associated with acupuncture.

- Accept
- Decline

**Far infrared light therapy** uses light to warm the body and often coupled with an acupuncture treatment on a case by case basis when available. When not used by a qualified practitioner, some risks of using a far-infrared lamp with acupuncture are burns (due to improper placement, excessive heat or inadequate ventilation), thermal injury and issues in those with medical conditions. Some may include but are not limited to heart disease, high blood pressure, low blood pressure, diabetic neuropathy, pregnancies, those with implanted devices like pacemakers, fevers, bleeding to infections. Looking or staring into the infrared light could damage the eyes resulting in retinal thermal burns, cataracts from chronic exposure, and corneal opacity. Lamps are used in increments of 5 to 15 minutes. I am aware of the risks associated with far infrared light therapy.

- Accept
- Decline

**Electrical stimulation (e-Stim) or Electroacupuncture** is a therapeutic technique that combines traditional acupuncture with gentle adjustable electrical currents passed through the needles. Currents may create a mild buzzing sound and a tingling sensation may be felt. Side effects may include bruising, soreness or fainting, but can also involve more serious issues such as electric shock, organ injury or infection, especially if performed by an unskilled practitioner. Potential risks of electrical stimulation include skin irritation or burns, muscle damage and discomfort. Other risks involve allergic reactions to electrodes and interference with implanted devices. Contraindications where electrical stimulation should be avoided or used with caution are when having a pacemaker or other implanted medical device, having heart problems, being pregnant or having an abdominal hernia and possibly other conditions not listed. I will inform my practitioner of acupuncture if I have any of the contraindications listed and am aware of the risks associated with e-Stim.

- Accept
- Decline

**Moxibustion (Moxa)** is the burning of mugwort (*Artemisia vulgaris*) wool, collected from their leaves, on (direct moxa) or near the skin (indirect moxa), or on or near acupuncture needles for the purpose of warming or moving qi, blood or phlegm in the body by bringing yang or warmth to the area, in a well ventilated space. This may, in rare occasions, cause burning and blistering of the skin in addition to first or second degree burns. When placed directly onto the skin, herbal burn cream will be applied to the skin first. When not performed by a skilled practitioner of acupuncture, some of the main risks of moxibustion may include skin discoloration, burns, allergic reactions, infection, skin damage and respiratory irritation from the smoke. I will inform my practitioner of acupuncture of any sensitivities. I am aware of the risks associated with Moxibustion.

- Accept
- Decline

<p><b>Cupping therapy</b> is the use of glass or plastic cups placed directly onto the skin. A vacuum is created using fire to create a suction which normally is very gentle. It can be static or sliding. Cupping aids in the removal of blockages by moving phlegm, blood or qi. This often causes bruising or discoloration in the area cupping is applied onto. Blistering may also arise when left on too long. In rare cases, fluids can exude from the skin. Cupping should be avoided in those, with the following but not limited to, who are on anticoagulants or blood thinners, pregnant, have deep vein thrombosis, skin infections, unhealed skin, some types of cancer, the elderly who are extremely weak and fragile to those with extreme chronic health conditions. After cups are removed, the cupped area should be covered until pores close. Cups will be soaked in a disinfectant that can destroy common biological agents before used. I am aware of the risks associated with cupping therapy. <i>(Not currently offered.)</i></p>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<p><b>Gua sha (gentle scraping)</b> involves a light scrapping on the skin's surface to move qi and blood through the skin and muscles. The color should go away on its own within 3 to 7 days. Potential risks and side effects may include bruising, tenderness and skin irritation. After scraping, the scraped area should be covered and wind should be avoided due to the possibility that skin pores may still be slightly opened. Tools used will be soaked in a disinfectant that can destroy common biological agents before used. I am aware of the risks associated with gua sha or scraping therapy. <i>(Not currently offered.)</i></p>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<p><b>Ear Seeds</b> are commonly made of Vaccaria seeds placed on adhesive tape. They are normally placed onto auricular points and left on for up to 7 days. Main risks when using ear seeds may include but are not limited to skin irritations, allergic reactions to the adhesive used to set seed in place, seeds may dislodge and enter the ear canal causing dizziness, and infections if placed or applied onto broken skin or, although rare, if left on too long. There may be some points that are contraindicated for those who are pregnant. I am aware of the risks associated with Ear Seeds.</p>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<p><b>Lifestyle and diet recommendations:</b> Since acupuncturists are not dietitians or nutritionists, we mainly offer food recommendations within the scope of practice in East Asian or oriental medicine. I understand that I should include diets (vegan, vegetarian, keto, etc...) I am on or any restrictions in dietary intake recommended by other health care practitioners before changing my diet.</p>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline

I, \_\_\_\_\_,

hereby, authorize Magnolia Acupuncture & Herbal Clinic practitioner to administer acupuncture, herbal treatments and other modalities that might be used. I have been informed of the treatment's potential side effects explained above. I have read the treatment options above and been informed of the therapies I can choose from and any alternative choices I may have for treatment by which I may choose to accept or decline at any time. I understand what treatments may include but are not limited to. I am aware that if I have any additional questions or clarifications, I can ask at any time. I will also inform my practitioner of health and life changes, like pregnancies, cancer diagnosis, have implanted medical devices or any other conditions, which could affect my treatment plan.

**Check mark reminders**

I agree to inform my practitioner immediately if I plan to become pregnant, am pregnant, suspect of being pregnant, or if I have a serious disorder may it be bleeding, cancer or

otherwise. I agree to inform my practitioner of all allergens by which I have had allergic reactions to.

I have been informed that I have the right to refuse any form of treatment. I have had the opportunity to ask questions pertaining to my treatment and the content of this form.

By signing this form, I consent to treatments recommended by the practitioner(s) of Magnolia Acupuncture & Herbal Clinic for my condition(s). I understand that there is a potential for unexpected complications arising and results of treatments are not guaranteed.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for more detailed explanations.

### Signature



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**Type name:**

**Date:**

**Witness Signature:**

(If applicable)



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**Type name:**

**Date:**