

Informed Consent for Acupuncture and Oriental Medicine Treatment and Care

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures, including, but not limited to, acupuncture, acupressure, electrical stimulation, moxibustion, cupping & gua sha, tui-na, herbal therapy, nutritional and lifestyle counseling on me (or the patient named below, for whom I am legally responsible) by Victoria Segal, L.Ac.

Acupuncture and Oriental medicine have the effect of normalizing physiological functions, modifying the perception of pain, and treating certain diseases or dysfunctions of the body, but they **are not a substitute for conventional medical diagnoses or treatment**. Consequently, it is recommended that you consult a physician regarding any condition or conditions for which you are seeking acupuncture or herbal treatment.

Acupuncture is a safe method of treatment, but it may occasionally have side effects, including bruising, numbness, or tingling near the needling sites lasting a few days. Unusual risks of acupuncture include dizziness, fainting, infection or scarring. There have been extremely rare instances reported of spontaneous miscarriage, nerve damage and pneumothorax. Bruising is a common side effect of cupping and gua sha. Burns and/or scarring are a potential risk of heat therapy and moxibustion.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. Chinese herbs and nutritional supplements derived from plant, animal and mineral sources are traditionally considered an important and safe in the practice of Chinese medicine. Infrequently, one may experience possible side effects such as nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that if I experience any adverse reaction related to the use of herbs or nutritional supplements, I should stop the herbs and inform the acupuncturist of my symptoms.

I understand that some herbs may be inappropriate during pregnancy and breastfeeding and accept full responsibility to notify the acupuncturist if I am or become pregnant, or if I am a nursing mother.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of the procedure which the acupuncturist feels at the time, based upon the facts then known, is in my best interest. I also understand there is always a possibility of an unexpected complication, and I understand that no guarantee can be made concerning the results of the treatments on me by Victoria Segal, L. Ac.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content and by voluntarily signing below I agree to the above-named procedures. 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.

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

Patient Name (print)

Patient Signature

Date

Patient Representative Name (if applicable)

Patient Representative Signature

Date

Victoria Segal, L.Ac.
Practitioner Name

Practitioner Signature

Date