

Informed Consent Form for Oriental Medical Treatment

I hereby request and consent to the performance of acupuncture treatments and the other procedures within the scope of the practice of Oriental medicine on me (or on patient named below) by Hopi Wilder, Licensed Acupuncturist #AC 185363 and/or licensed acupuncturist who treat me now or in the future while employed by Hopi Wilder. This includes all employees of Hopi Wilder. I understand that methods of treatment include, but are not limited to: acupuncture, moxibustion, cupping, electrical stimulation, massage, Chinese herbal medicine, nutritional counseling and lifestyle recommendations. Herbs may have an unpleasant taste or smell. All instructions for herb dosage will be given orally and/or written.

I have been informed that acupuncture is generally a safe method of treatment, but may have some side effects including bruising of the skin, numbness and tingling, dizziness or fainting, or slight bleeding of the skin or muscle soreness following a treatment. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, organ puncture including lung puncture (pneumothorax). When moxibustion or a TDP far-infrared heat lamp is used there is a risk of burns and perhaps even scarring. Infection is also another risk, although minimal because all needles used are sterile and disposable. I understand that while this document describes the major risks of treatment, other risks and side effects may occur. The recommended herbs and nutritional supplements are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. Some possible side effects of taking herbs include, but are not limited to: nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I will notify Hopi Wilder or associate should any of these side effects occur. I will not exceed recommended dosages of herbs and supplements, and I will notify the clinical staff if I become pregnant.

I have had an opportunity to discuss with the practitioner named below the nature and purpose of Oriental medicine. I understand that there are no guaranteed results. I do not expect Hopi Wilder or associate to be able to anticipate and explain all risks and complications. I wish to rely on the practitioner to exercise judgment which the practitioner feels at the time is in my best interest, based upon the facts then know, during the course of the procedure. I understand that I have the choice to accept or reject the proposed diagnostic procedure or treatment, or any part of it, before or during the diagnosis or treatment. I understand that the practitioner is not providing Western (allopathic) medical care, and that I should look to my Western primary care practitioner (M.D) for these services and for routine check-ups.

I have read, or had read to me the above consent. I have also had an opportunity to ask questions about the content, and by 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.

Estimated Number of Treatments: _____ **Frequency:** _____

PATIENT SIGNATURE:
(or patient representative) _____
DATE: _____ (Indicate relationship to patient) _____
PRACTITIONER SIGNATURE: _____ DATE: _____