

Informed Consent

I, the undersigned, hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of traditional Chinese medicine, including but not limiting to herbology, moxibustion, cupping, electro-acupuncture, acupressure, dermal friction (gua sha), infra-red (heat lamps), and massage, on me (or on the patient named below, for whom I am legally responsible) by Acupuncture & Oriental Medicine of Napa Valley (AOMNV).

Acupuncture, Chinese herbal medicinals and related therapies are generally safe when administered by a licensed practitioner. As with any medical procedure, I understand that side effects may occur, including but not limited to slight bruising of the skin and/or bleeding, dizziness, nausea and occasional aggravation of symptoms existing prior to treatment. Bruising is a common side effect of cupping, and often disperses within one week of application. Burns and scarring are potential risks of moxibustion. I understand the risk of infection in acupuncture is negligible when all needles are sterile. On rare occasions, pneumothorax, internal bleeding and fainting may occur.

Chinese herbal medicine may taste unpleasant, and may cause digestive discomfort, including nausea, indigestion, vomiting, diarrhea, headache, hives, and tingling of the tongue.

I understand that some herbs and acupuncture points may be inappropriate during pregnancy. If I suspect that I am pregnant, I will immediately inform AOMNV. Additionally, I will inform AOMNV if I have a severe bleeding disorder or if I am wearing a pacemaker or other electronic medical device, prior to treatment.

I have discussed the nature and purpose of acupuncture with AOMNV, and understand that results are not guaranteed. I do not expect AOMNV to anticipate and explain all risks and complications, and I wish to rely on AOMNV to exercise judgment during the course of my treatment, based upon facts then known and to proceed in a manner that she determines is in my best interests.

I hereby release AOMNV from all liability that may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and discontinue participation at any time.

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 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 conditions for which I seek treatment.

Please sign and date to indicate you have read and understood this form.

Signature of Patient: _____

Date: