

Consent For Traditional Chinese Methods

I, the undersigned, hereby authorize the licensed acupuncturists of The Pin Cushion LLC to perform the following acupuncture procedures:

Acupuncture: the insertion of sterilized, disposable needles through the skin into underlying tissues at specific points on the surface of the body

Electro-acupuncture: the running of very low electrical current through one or more needles to help heal the body

Moxibustion: the burning of herbs on or near the body to warm it, strengthen it, and relieve symptoms. Moxa comes in several forms such as stick, ball, cone, or rice grain.

Dietary and Herbal Recommendations: food and herbal supplements based on traditional Chinese medical theory.

I recognize the potential risk and benefit of these procedures as described below

Potential Risks: Although uncommon, there is a potential for acupuncture to produce some discomfort or pain at needled sites, minor bruising, or infection. It may also cause needle sickness, a broken needle, temporary discoloration of the skin, and potentially... an aggravation of symptoms existing prior to the acupuncture treatment. Clients with severe bleeding disorders or pace-makers should inform their practitioners prior to treatment.

Potential Benefits: drugless or drug-reduced relief of presenting symptoms and the improved balance of bodily energies which may lead to prevention or elimination of the client's main complaint(s).

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by the acupuncturist regarding the cure or improvement of my conditions.

I hereby release the acupuncturists of The Pin Cushion from any and all liability which may occur in connection with the above mentioned procedures, except failure to perform the procedures with the appropriate medical care. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

Signature of Client

Date

Signature of Person Authorized to Consent

Date

Signature of Witness

Date