

Consent to Treatment

I, _____, hereby authorize the Licensed Acupuncturists of The Art of Healing to administer any style of Asian Medicine relevant to my diagnosis and treatment, including but not limited to the following.

(Please check any boxes you GIVE your consent for)

- Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.
- Heat treatments using *Artemesia vulgaris* (moxibustion, "moxa") or a conventional heat lamp. Indirect moxibustion treatments involve putting moxa on the head of the needle or on top of a barrier such as salt or a slice of ginger. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from the moxa treatments may involve slight discomfort or leave a blister or scar on the skin. With any type of heat, there is always a risk of a burn.
- A massage technique called "gwa sha". This treatment leaves redness on the skin that can last for 1-5 days. Slight bruising and tenderness may persist after the treatment.
- Cupping may be used to promote circulation of Qi (energy) through the meridians. Cups may produce a red/purple color on the area treated lasting anywhere from 1 to 7 days.
- Electrical stimulation of the needles may be used which produces a vibration or tapping sensation or ion pumping cords may be attached to the needles.
- Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians. Lancets are inserted into the skin and a small amount of blood is expressed from the puncture.
- Tui Na, an Asian form of body massage meant to improve circulation and relax tension in muscles.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment and have been given an opportunity to ask questions pertaining to the treatment. 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 treatment.

I have also received and read The Art of Healing HIPAA guidelines.

Signature of patient: _____

Printed name of patient: _____

Date: _____

Acupuncturist Signature: _____

Signed copies available upon request.