Susan Monaco
MAcOM (AOMA '04-'08)
Diplomat in Oriental Medicine (NCCAOM)
WA C.A.# AC60014641 (6/26/08)

Informed Consent to Oriental Medicine

I, the undersigned, understand that methods of treatment used in this practice may include, but are not limited to, acupuncture, acupressure, electrical stimulation, pricking, moxibustion, cupping, gua sha, Qi Gong, herbal therapy, and nutritional counseling.

I understand that acupuncture, moxibustion, electrical stimulation, cupping and pricking are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, or soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, fainting or broken needle. Infection is possible, although the clinic minimizes this by using alcohol, single-use sterile needles, and maintaining a safe and clean environment. Potential risks of moxibustion heat therapy are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha, or dermal friction. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process. I will notify the acupuncturist if I have any known bleeding disorders or if I have a cardiac pacemaker.

I understand that herbal and nutritional supplements recommended to me by my acupuncturist are individualized for me alone and are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise her judgment in my best interest during the course of treatment, based upon the facts then known.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

_____ _____
Patient Name (print) *Patient Representative Name (print)*

_____
Patient Signature *Date*

_____
Patient's Representative Signature (if applicable) *Date*

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