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## **CONSENT FORM FOR ACUPUNCTURE TREATMENT**

Please read the following information carefully, and feel free to ask your practitioner any questions you may have.

**What is acupuncture?** Acupuncture is a form of medical treatment in which (in this clinic) fine, sterile, disposable needles are inserted into specific points on the body.

**Is acupuncture a safe form of medical treatment?** Generally speaking, acupuncture, if performed by a licensed acupuncture professional, is a safe form of medical therapy. Serious side effects are very rare (less than 1 per 10,000 treatments, and those side effects more than often occur when treatment is administered by persons not properly trained in acupuncture).

### Are there possible side effects?

\*\*\*It is possible that drowsiness may occur after treatment in a small number of patients, especially after the first treatment. In this instance, you are advised not to drive. Most likely, there is a possibility that tiredness will occur later on in the day, or in the evening.

\*\*\*There is a possibility that there could be minor bleeding or bruising at the needle insertion site. (The estimate is that this occurs in less than 3% of treatments.)

\*\*\*The needle insertion itself could cause some minor, temporary, discomfort in some patients. \*\*\*According the "Law of Cure", there is a possibility that symptoms may get slightly exacerbated, temporarily, within 24-48 hours after a treatment. This is generally considered to be a good sign that the treatment has addressed the cause of the issue. This exacerbation is generally accompanied by a greater sense of well being. This is to be distinguished from a treatment reaction---which could mean that the energy has become blocked as a result of improving circulation, and in this case the sense of well being is absent, and you should contact your practitioner in order that the treatment might be adjusted to accommodate for the blockage.

\*\*\*In a small number of patients, there could be fainting during the very first session.

# It is important to make your practitioner aware if any of the following applies to you: (Please check below if applicable)

- Have you ever experienced a fit, faint or whooziness
- \_\_\_\_\_Do you have a pacemaker or any other electrical implants
- \_\_\_\_\_Do you have a bleeding disorder

\_\_\_\_\_Are you taking anti-coagulants

\_\_\_\_\_Do you have a damaged heart valve or any particular risk of infection

\*\*Please note that this clinic requires 24 hours notice of cancelled appointments and appointments missed without due notice are billable.

I confirm that I have read and understood the above information and I consent to having acupuncture treatment. By signing this form I agree to inform the practitioner of any changes in my health (including pregnancy or new diagnoses by Western medical practitioners), as well as any medication and/or supplement changes.

### I understand that I can refuse treatment at any time.