

Informed Consent

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of Chinese Medicine on me (or on the patient named below, for whom I am legally responsible) by Jennifer Dubowsky L.Ac. I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui Na (oriental massage), Oriental herbal recommendations. I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including, but not limited to, bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Rare risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another rare but possible risk. Jennifer Dubowsky uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are potential risks of moxibustion and cupping. I understand that while this document describes major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been discussed are widely accepted as safe in the practice of Oriental Medicine, but some may be toxic in large doses. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that some herbs may be inappropriate during pregnancy. I understand that results are not guaranteed.

I also understand that all scheduled appointments must be canceled a minimum of 24 hours prior or charge or will incur.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I will notify my acupuncturist, who is caring for me, if I am or become pregnant.

Patient signature (or patient representative)

Date

Office signature

Date