

Consent to Treatment Form

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from the Oriental Materia Medica by a licensed acupuncturist at the Three Moons Acupuncture Clinic. I understand that acupuncturists practicing in the state of Wisconsin are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic's practitioners.

Acupuncture: I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: **local bruising, minor bleeding, fainting, pain or discomfort**, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Rare and unusual risks of acupuncture: include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

Moxibustion: Moxibustion is a form of heat therapy in which dried plant materials called "moxa" are burned on or very near the surface of the skin. The intention is to warm and invigorate the flow of Qi in the body and/or dispel certain pathogenic influences. Moxa is usually made from the dried leafy material of Chinese mugwort (*Artemisia argyi* or *A. vulgaris*), but it can be made of other substances as well. In the U.S., practitioners generally hold a burning moxa stick close to, but not touching, the surface of the skin. It is not uncommon for patients receiving moxibustion to report a sudden flooding of warmth that quickly radiates along a specific pathway. Though careful measures are taken burns and/or scarring are a potential risk of moxibustion. There is a small inconvenience associated with moxibustion: the smoke and odor. Although Three Moons Acupuncture uses the so-called smokeless varieties, some folks maybe more sensitive.

TDP/ Heat lamp (with or without infrared wavelength): The use is to warm an area of the body and induce relaxation. Recent research shows possible benefits for treatment in pain. Burns and/or scarring are a potential risk of when treatment involves the use of heat lamps. Please notify your acupuncturists if you suffer any peripheral neuropathy or have diabetes as these are contraindicated.

Chinese Herbs: I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: **changes in bowel movement, abdominal pain or discomfort**, and the possible aggravation of symptoms existing prior to herbal treatment. Though uncommon, allergic reactions can occur should I

experience any problems which I associate with these substances, I should **stop taking them** and call the clinic as soon as possible.

Nutritional/ Lifestyle Counseling: I understand the decision to follow through with suggestions made by my acupuncturists are voluntary. These may include but are not limited to dietary changes, meal plan suggestions, exercise routines and meditation/ breathing techniques. The possible benefits being relief of symptoms and improvement in a disease process, prevention of disease, improved quality of life and health. Some risks could include but are not limited to: possible injury with exercise, or new found food sensitivity with dietary changes that could include: **changes in bowel movement, abdominal pain or discomfort**, and the possible aggravation of symptoms existing prior to treatment.

Acupressure/Tui-Na Massage, Cupping and GuaSha: I understand that I may also be given acupressure/tui-na massage, cupping, or guasha as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: **bruising, sore muscles or aches**, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture administered with the acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: **electrical shock, pain or discomfort**, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

Liniments/Essential oils and other Topicals: I understand that I may also be given liniments/topicals and essential oils as part of my treatment to alleviate pain and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: **skin irritation, rash, pruritis** and the possible aggravation of symptoms existing prior to herbal treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop treatment at any time. Should I experience any problems which I associate with these substances, I should **stop using them** and call the clinic as soon as possible.

Photographs: Due to the nature of the treatment, it is important to obtain photographs to document the needed data throughout the course of my treatment for diagnostic purposes. I consent to the taking of clinical photography and its use for my personal electronic health records only. I fully understand my identity will be protected. I acknowledge that a separate release form must be signed for any other use of my photographs.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

I will notify my acupuncturists who is caring for me if I am/plan to, become, pregnant or if I am nursing. Should I become pregnant, I will discontinue all herbs and supplements until I have consulted and received advice from my acupuncturist and/or obstetrician.

While I do not expect Three Moons Acupuncture staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on my acupuncturists to exercise judgment during

treatment which they think at the time, based upon the facts then known, is in my best interest. I understand that, as with all healthcare approaches, results are not guaranteed, and there is no promise to cure. I understand that I must inform, and continue to fully inform, Three Moons Acupuncture staff of any medical history, family history, medications, and/or supplements being taken currently (prescription and over-the-counter).

Lastly, I understand that I have the right to a second opinion and to secure other options about my circumstances and healthcare as I see fit. By voluntarily signing below, I confirm 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 agree with the current or future recommendations for care.

I realize at any time I can withdrawal from treatment or choose to opt out of any one or more of the modalities listed above. I understand it is my responsibility to tell my acupuncturists of any changes I choose to make prior to the start of treatment so that it can be documented as such. 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 am aware that this is a release of Liability, a waiver of legal rights and contracts between The Balanced Tree LLC DBA Three Moons Acupuncture and the undersigned.

I release The Balanced Tree LLC DBA Three Moons Acupuncture from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age (or 13 years old with legal parental consent) and sign this at my own free will. This consent and waiver form is voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successor, and assigns.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Parent/Legal Guardian (if under 18 yrs old) : _____

Date: _____