



## **Informed Consent To Treatment**

I \_\_\_\_\_, authorize Amorette LaFranchi Licensed Acupuncturist at AcuBliss to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited the following:

**Acupuncture:** I understand that acupuncture is performed by the insertion of sterile needles through the skin 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, nausea, tingling, pain or discomfort, miscarriage and pneumothorax.

**Moxibustion:** I understand that heat treatments using *Artemesia vulgaris* ("moxa") involves putting moxa on the head of a needle while inserted in the skin or directly on the skin. The heat from moxa may involve a risk of suffering slight discomfort or blisters from moxabustion therapy and from heat lamp applications.

**Cupping:** I understand that cupping may be used to promote circulation of qi through the meridians in order to alleviate pain or cough. Cups may produce a red/purple color on the area treated lasting for 1-4 days.

**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: electro shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

**Chinese Herbs:** I may experience gastro-intestinal upsets or allergies to Chinese herbs. I understand that the acupuncturist may not be able to fully anticipate and explain all the risks and complications associated with my treatment. Should any of these side effects occur, I should stop taking the herbs and call AcuBliss as soon as possible. I have discussed the duration length for the treatment of my condition with my acupuncturist, and 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. I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

**I understand that all payments for services rendered are due at the time of treatment. I understand that I will be charged \$90 for my appointment time if I cancel or fail to attend my appointment without giving a 48 hours notice prior to cancellation.**

I have carefully read and understand all of the above information and I intend this consent form to cover the entire course of my treatment for my present condition and any future conditions for which I seek treatment. By signing this form, I am giving my permission and consent to treatment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date