ADVICE TO CONSULT A PHYSICIAN

Date Signed

While Oriental Medicine has a great deal to offer as a health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, we recommend that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment.

To comply with Article 160. Section 8211.1(b) of NYS Education Law, we request that you read and sign the following statement. We the undersigned do affirm that ______ (patient), has been advised L. Ac. to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment. Date Declined copy (initial) Patient signature Dale Licensed Acupuncturist Signature INFORMED CONSENT I hereby request and consent to Oriental Medicine diagnosis and treatment by the above named Practitioner. I understand that methods or treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, tui na massage and Chinese or Western herbal medicine and nutritional counseling. I have had the opportunity to discuss the nature and purpose of treatment with the Practitioner. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, numbness or tingling near the needling sites that may last a few days and dizziness and fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, Including lung puncture (pneumothorax). Infection is another possible risk. Though we use sterile disposable needles for each patient. Bums and/or scarring are a potential risk of moxibustion. I understand that while this document describes the main risks, other side effects and risks may occur. I also understand that the herbs and nutritional supplements that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I also understand that they come from plant, animal and mineral sources and that some herbs may be inappropriate during pregnancy. I do not expect the Practitioner to be able to anticipate and explain all risks and complications. I wish to rely on the Practitioner to exercise judgment during the course of the treatment that the Practitioner feels is correct at the time, based upon the facts then known, is in my best interests. I understand that my records will be kept confidential and will not be released without my written consent. I will inform the Practitioner if I should become pregnant It have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above mentioned procedures. 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. Patient's Name (print) Patient's Signature _