

Acupuncture Informed Consent to Treat

Megan Conover is a Licensed Acupuncturist in Pennsylvania holding a **Master of Acupuncture Degree** with **National Certification in Acupuncture through the National Commission for Certification of Acupuncturists.**

I voluntarily request and consent to be treated by Megan Conover within the scope of the practice of acupuncture. I also consent to be treated by other licensed acupuncturists who treat me while employed by, working with, or acting as back up for the acupuncturist named above.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that acupuncture is performed by the insertion of needles through the skin, by the application of heat to the skin, or both. Needles and/or heat are applied at certain points on or near the surface of the body.

I have been informed that only sterile, disposable needles are used during each treatment and that the clinic maintains a clean environment. I understand that infection may still a possible risk of treatment. I have been informed that acupuncture is a generally safe method of treatment, and I have been made aware that certain adverse side effects may result from the services provided. These could include, but are not limited to, local bruising, minor bleeding, fainting, temporary pain or discomfort, numbness or tingling near the needling sites that may last a few days, and the possible temporary aggravation of symptoms existing prior to acupuncture therapy. Bruising is a common side effect of cupping. Burns and/or scarring are a potential risk of moxibustion or cupping, or when treatment involves the use of heat lamps. Unusual risks of acupuncture include nerve damage, spontaneous miscarriage, and organ puncture including lung puncture (pneumothorax).

Chinese herbs and supplements are generally safe in the practice of Traditional Chinese Medicine, although some may be toxic in extremely large doses or inappropriate for use in pregnancy. I understand that herbs and teas need to be prepared and consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. Possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that while this document describes he major risks of treatment, other side effects and risks may occur. While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand that Megan Conover is not a medical doctor. She does not claim to diagnose, treat or cure any medical conditions or pathologies, nor prescribe medicine, nor in any way represent themselves as so doing. I understand that I am advised to seek care from an appropriate physician for medical care.

Signature

I, the undersigned, assume all responsibility for decisions I make regarding my health, recognizing that:

- No claims are made for acupuncture, herbal medicine, nutritional, or dietary recommendations to treat or cure any medical condition. All information given is for educational purposes only.
- There is no implied or stated guarantee of success or effectiveness of any specific treatment plan or guidelines.
- I am free to act upon or disregard recommendations as I so choose.
- I will notify a clinical staff member if I am or become pregnant.
- I will prepare and take all Chinese herbs only as directed, and will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

By voluntarily signing below, I hereby affirm that I have read, or have had read to me, the above consent to treat. I have been told about the risks and benefits of acupuncture and related procedures, and I have had the 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. If I am a parent or guardian of a minor who is the indicated patient, I hereby give consent for my child to be treated.

Patient Name (Printed)

Signature of Patient / Representative / Guardian

Date

Representative's relationship to client