

INFORMED CONSENT FOR ACUPUNCTURE SERVICES

Acupuncture means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), moxibustion (the therapeutic use of heat at acupuncture points by burning an herb), cupping (whereby suction cups are applied to specific points on the body or motion suction cups).

I understand that BCA does not provide primary care medicine, and that I am responsible to seek primary health care from a qualified medical doctor (MD).

The potential risks: Acupuncture is a safe method of treatment, but that it may have side effects including slight pain or discomfort at the insertion site, bruising, dizziness or fainting, and numbness or tingling near the needling site that may last a few days. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile disposable single use needles, and maintains a clean and safe environment. Moxibustion includes the risk of burns and/or scarring. Some possible side effects of taking herbs are nausea, gas, stomachache, headache, change in bowel movement or dizziness. Should I experience any unanticipated effect I will immediately notify BCA. Also, I will keep BCA informed of my current medications. ***Some herbs and acupuncture treatments are contraindicated during pregnancy. I will notify BCA if there is a chance I am pregnant, or if I intend to become pregnant.***

I state that I do not have the following conditions:

- Pregnancy
- Bleeding disorders
- Pacemaker
- Local infections
- Use of Anticoagulants

If I do have any of the above conditions, I have listed them here: _____

The potential benefits: Acupuncture may allow for the painless relief of one's symptoms without the need for drugs, and improve balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

I, _____, acknowledge that I am accepting treatment from a licensed
(Name)

acupuncturist at Beach Community Acupuncture. I understand that there are intrinsic differences between the care of acupuncturists and Medical Doctors. The acupuncturists are licensed by the State of California. At this time, it is my decision to pursue acupuncture treatment for any condition I have. Also, I understand that, as with any medical treatment, there is no guarantee that this treatment will offer complete resolution to any or all of the conditions I may have. Beach Community Acupuncture cannot act as your Primary Care Physician (PCP). We do not provide 24 hour call or emergency services. We do not maintain hospital admitting privileges. We recommend you have a Primary Care Physician for these services.

Patient Signature: _____

Date: _____

L.Ac./Witness Signature: _____

Date: _____