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**Patient Advisory to Consult A Physician**

*Acupuncture Works is committed to your health and well being. All of the practice believes that while Oriental Medicine has a great deal to offer as a health system, it cannot 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 821 1.1(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 by Andrea Schilling (licensed acupuncturist)***

***To Consult A Physician Regarding The Condition(s) For which such Patients Seeks Acupuncture Treatment.***

\_\_\_\_\_  
***Patient signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Licensed Acupuncturist Signature***

\_\_\_\_\_  
***Date***

***Informed Consent for Acupuncture Treatment***

*I consent to acupuncture treatment and other procedures associated with the practice of Traditional Oriental Medicine provided by members of Acupuncture Works (Andrea Schilling). I have discussed the nature and purpose of my treatment with the member of clinical staff stated below.*

*I understand that methods of treatment may include but are not limited to acupuncture, moxibustion, cupping, electrical stimulation, and bodywork therapies such as Medical Massage, Tui Na(Chinese Massage) and Shiatsu. The use of herbal medicine if chosen by the patient may an adjunct to the treatment.*

*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 or fainting. Bruising is a common side effect of cupping. Rare and unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this site uses sterile, disposable needles and maintains a clean an safe environment. Burns and /or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.*

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*The herbs and nutritional supplements (from plant, animal and mineral sources) which may be recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large dose. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nauseas, gas, stomachache, vomiting, diarrhea, rashes, hives and tingling of the tongue.*

*I will notify the clinical staff member who is caring for me if I am, or become pregnant.*

*I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment.*

*I understand the clinical staff may review my medical records and lab reports and that portions of my records may be used for research purposes, however my name and identifying information will not be disclosed. Otherwise all of my records will be kept confidential and wil not be released to any party without my written consent.*

***By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and ther procedures, and have had an 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.***

*To be completed by patient (or patient's representative if the patient is a minor or is physically or legally incapacitated).*

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*Date Consent Completed*

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*Print Name of Clinical Staff*

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*Print name of patient*

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*Signature of Clinical Staff*

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*Signature of patient or Representative*

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*Print name of Patient Representative (if applicable)*

