



Informed Consent to Treatment

Traditional Chinese Medicine is safe, natural and effective. Treatment methods include, but are not limited to: acupuncture (the use of sterile, single-use needles to penetrate the skin), acupressure, electrical stimulation of needles, cupping, moxibustion, gua sha, tuina massage, herbal therapy, nutritional counselling, therapeutic exercise (Taiji, Qigong). Before any of these procedures are performed, my practitioner will discuss my treatment options and only proceed if my consent is given.

I recognize the potential risks and benefits of these procedures as described below.

Potential risks: discomfort; bleeding; blistering; swelling; bruising; temporary discoloration of the skin; fatigue; light-headedness; nausea; loose bowel movements; abdominal cramping; and aggravation of symptoms existing prior to the treatment. Treatment may also result in other unforeseen consequences. Potential benefits: drugless relief of symptoms; improved balance of body energies and functions; greater strength, vitality, and overall wellness.

I understand that Chinese Herbal Medicines (which are from plant, animal and mineral sources) are safe when prescribed by a licenced Traditional Medicine practitioner. I will follow instructions, and take herbs only as recommended. Some herbs may be inappropriate during pregnancy. If I experience any gastro-intestinal upset or allergic reactions to herbal medicines, I will inform my practitioner.

I will inform my practitioner if I currently have or develop any major health issues; if I have infectious agents (including but not limited to Hepatitis, HIV, and Tuberculosis); if I suffer from any type of major bleeding disorder; if I use a pacemaker; or if I am pregnant.

Traditional Chinese Medicine often requires a course of treatments, depending on the length and severity of the condition. In some cases, symptoms may temporarily worsen before they begin to improve. I understand that there are no guarantees for the results of my treatments.

I am aware of the fees charged for my treatments, and that they are not covered under OHIP.

I understand that clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its contents. By signing this form, I give my informed consent for Traditional Chinese Medicine treatments. I understand that I may withdraw my consent and halt my participation at any time.

Print name of Patient/ Guardian

Date

Signature

Print Name of Chinese Medicine Practitioner

Date

Signature