

CONSENT TO TREATMENT

Oriental Medicine / Acupuncture / Adjunctive Therapies

Patient name _____	Date of birth _____	Date _____
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CONSENT STATEMENT

I authorize Dr. Hua (Helena) Zhang, PhD, LAc, Dipl.O.M. (NCCAOM), to administer Oriental Medicine modalities relevant to my diagnosis and treatment.

TREATMENT MODALITIES MAY INCLUDE

- Insertion of acupuncture needles into my body at various depths and locations.
- Administration of heat with smoldering mugwort leaf or a conventional heat lamp, as deemed necessary for effective treatment.
- Oriental TuiNa and acupressure techniques.
- Application of suction cups to the skin, which may produce red or purple discoloration lasting up to 5 days.
- Electrical stimulation of acupuncture needles, which may produce a vibration or electrical sensation at the points being treated.

RIGHTS, RISKS & UNDERSTANDING

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatments, and I have been informed of the risks and possible consequences involved with this treatment. I have been given the opportunity to ask questions relevant to my treatment.

I understand that there is always a possibility of unexpected complications arising from treatment, and I understand that no guarantee can be made concerning the results of this treatment.

ACKNOWLEDGEMENT & SIGNATURES

I have read and understand this consent form. I have had the opportunity to ask questions, and I voluntarily consent to treatment.

Patient signature _____	Date _____
Printed name _____	
Practitioner signature _____	Date _____