INFORMED CONSENT FOR ACUPUNCTURE THERAPY
Cinco Ranch Acupuncture Clinic

To ensure that you fully understand and agree to receive acupuncture treatment, please carefully read the following information. Your signature indicates that you acknowledge and consent to the following:

Informed Consent

- I fully understand the nature, purpose, and potential benefits of acupuncture treatment.
- I am aware of the possible risks and potential complications associated with acupuncture.
- I have had the opportunity to ask questions to the licensed acupuncturist and have received satisfactory answers.

Treatment Process and Potential Risks

- I understand that acupuncture treatment is performed by a licensed acupuncturist using single-use, sterile, and disposable needles. There may be mild and temporary discomfort at the needle insertion sites.
- Occasionally, slight bleeding may occur after needle removal, possibly leading to minor bruising (about the size of a coin).
- Other potential risks include dizziness, fainting, or mild lightheadedness. If I experience any of these symptoms during or after treatment, I will promptly inform my acupuncturist.
- In extremely rare cases, acupuncture may cause nerve damage, organ puncture, or infection.

Additional Therapies

- Based on my treatment needs, the acupuncturist may use additional therapies such as gua sha, cupping, moxibustion, electroacupuncture, or provide dietary, lifestyle, and herbal medicine recommendations.

Legal Disclosure

- According to Texas state law, acupuncturists must be licensed by the Texas State Board of Acupuncture Examiners and are regulated by the Texas Medical Board.
- I understand that the acupuncturist does not provide Western medical diagnoses. If needed, I will consult my Western medical doctor or other healthcare professionals.

Voluntary Consent

- I acknowledge that I have the right to refuse or discontinue treatment at any time, and this decision will not affect my right to receive future medical services.

Patient or Guardian Signature: _____ **Date:** _____