

Central Sun Healing

Patient Advisory To Consult A Physician

Central Sun Healing is committed to your health and well-being. We believe that while Chiropractic and Oriental Medicine have a great deal to offer as health care systems, it cannot totally 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 Chiropractic and/or Oriental Medicine treatment.

I CONFIRM THAT I HAVE BEEN ADVISED BY BRIDGET MCCABE TO CONSULT A PHYSICIAN REGARDING THE CONDITION(S) FOR WHICH PATIENT SEEKS CHIROPRACTIC AND/OR ACUPUNCTURE/ORIENTAL MEDICINE TREATMENT.

Informed Consent to Chiropractic And/Or Acupuncture Treatment

I consent to chiropractic, acupuncture, and other procedures associated with the practice of traditional Oriental Medicine provided by Bridget McCabe DC LAc. I have discussed the nature and purpose of my treatment with said practitioner.

I understand that methods of treatment may include but are not limited to: acupuncture, chiropractic manipulation, moxibustion, cupping, electrical stimulation, ultrasound, and soft tissue therapies.

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 also a common side effect of cupping. Rare and unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture. Infection is another possible risk, although Central Sun Healing uses sterile, disposable needles and maintains a clean and 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.

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 on large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, diarrhea, rashes, hives, and tingling of the tongue.

I understand that chiropractic carries some risks including fractures, disc injuries, strokes, dislocation, and sprains.

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 that that all of my records will be kept confidential and will 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 TREATMENT, 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 CONDITIONS FOR WHICH I SEEK TREATMENT AT CENTRAL SUN HEALING.

Printed Name of Patient _____

Signed Name of Patient _____ Date _____

CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide at least 24 hours notice. This will enable other patients to be scheduled in that appointment slot.

Office appointments which are cancelled with less than 24 hours notification may be subject to a \$20.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel will be considered as NO SHOW and will be subject to a \$20.00 fee.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that Special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived.

Please sign that you have read, understand, and agree to this Cancellation and No Show Policy.

Printed Name _____

Signature _____ Date _____