**AlterMed Acupuncture**

8120 Penn Ave. Suite #419, Bloomington, MN 55431

952-224-9610

ACUPUNCTURE INFORMED CONSTENT FORM

Acupuncture is performed first by applying alcohol to the skin to prepare the area. Then, presterilized,

disposable needles are inserted through the skin and/or heat or electrical stimulation is

applied at certain points on the body. Although rare, certain side effects may result from

acupuncture. Please read the following statements and sign once you feel you understand that

each procedure or treatment may have specific risks and side effects.

Procedures and products that may apply to my treatment:

Acupuncture needles Electrical stimulator

Moxibustion Herbs

Acupressure/Tui Na Massage Cupping

Potential risks and side effects of acupuncture and Oriental medical procedures:

Minor bruising

Possible pain at the site of insertion

Needle sickness (for those with extreme sensitivity to needles)

Bending or breaking of needles

Infection and the risk of needling in the vicinity of an infection

AUTHORIZATIONS

I understand that I am responsible for my bill. I authorize the staff of AlterMed Acupuncture to

act as my agent to obtain payment from my insurance companies. I understand and agree that

health and accident insurance policies are an arrangement between an insurance carrier and

myself. I will be responsible for the bill of service if my insurance companies deny the payment.

I authorize the use of this form for all my insurance companies. I authorize the release of

information to all of my insurance companies. I permit a copy of this authorization to be used in

place of the original. I direct my previous health care providers to release medical records to this

clinic.

COST OF COLLECTIONS (Collection Agency or Attorney)

I understand that if I fail to pay my account as agreed, AlterMed Acupuncture may, after

reasonable attempts to obtain payment, place my account for collection. I understand that if my

account if placed for collection with an agency, payments made after collection agency

placement result in an agency service fee of 1/3 of any paid amount. If my account if placed for

collections, I agree to pay such costs of collection up to the 1/3 of the amount covered.

Patient’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT TO TREAT A MINOR

I authorize the acupuncturist and/or whomever they designate as assistants to administer acupuncture care

as deemed necessary to my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (relationship).

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_