Adventures in Wellness

Informed consent to Oriental Medical Health Care

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by practitioners at Adventures in Wellness who now or in the future treat me: Acupuncture, Tuina, Chinese Herbal therapy and other oriental medical procedures including diagnostic techniques such as manual or physical therapy, manipulations of joints and/or other viscera, heat and/or cold therapy and electrical and/or magnetic stimulation, cupping and/or moxibustion; the prescription of herbal medicines, dietary recommendation; exercise advice and healthy lifestyle counseling.

I understand I have the opportunity to discuss with my practitioner the nature and purpose of acupuncture and oriental medicine procedures. Although I am aware that acupuncture and other procedures used in oriental medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of oriental medicine there are some risks to treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but not limited to: slight bleeding, bruising, pain or strong sensation at the location, nerve pain, minor burns, aggravation of current symptoms, appearance of new symptoms, and general aches. Other uncommon but possible risks include pneumothorax (punctured lung), puncture of other organs, sprains, strains, dislocation, fracture, disk injury and strokes. I do not expect the practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise such judgment, during the course of my treatment, as the practitioner feels at the time, based on the facts then known, to be in my best interest.

I have read this informed consent form. I have also had an opportunity to ask questions about this consent, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition(s) for which I seek treatment with Adventures in Wellness.

Patient name printed Patient signature Date

Patient’s Representative printed Relationship to Patient

Patient’s Representative signature Date