

## Informed Consent to Acupuncture Treatment

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Dawn Sharrocks Licensed Acupuncturist, otherwise known as L. Ac. I have discussed the nature and purpose of my treatment with Dawn Sharrocks L. Ac.

I understand that methods of treatment may include acupuncture, electrical stimulation, moxibustion and cupping.

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 needle site that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Burns and or scarring are potential risks of moxibustion.

Unusual risk of acupuncture includes spontaneous miscarriage, nerve damage and organ puncture. Infection is another possible risk, although Dawn Sharrocks L. Ac., uses sterile, disposable needles and maintains a clean and safe environment.

I understand that while this document describes major risks of treatment, other side effects and risks may occur.

I will notify Dawn Sharrocks L. Ac if I am now pregnant or become pregnant.

I do not expect Dawn Sharrocks L. Ac. to be able to anticipate and explain all possible risk and complications of treatment, and I wish to rely on Dawn Sharrocks L. Ac. to exercise judgment during the course of treatment, based on the facts then known, as to which forms of treatment will be my best interest.

I understand that all my medical records will be kept confidential and will not be released without my written consent.

By voluntarily signing below I show that I have read this consent to treatment, have understood the risks and benefits of acupuncture and other procedures, and I 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 condition or for which I seek treatment.

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Print Name of Patient

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Print Name of Acupuncturist

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Signature of Patient (Legal Guardian)

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Signature of Acupuncturist

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Date Consent Signed