

Informed Acupuncture Consent to Treat:

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Riley Smith, LAc. I understand the methods of treatment may include, but are not limited to acupuncture, cupping, moxa, E-stim/TENS unit, gua sha, linaments, massage, exercise/stretching, herbal medicine and nutritional counseling. I understand that Riley Smith, LAc does not provide primary care medicine, and that I am responsible to seek primary health care from a qualified medical doctor (MD).

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects including but not limited to dizziness, fainting, bruising, numbness, or tingling near the needling sites that may last a few days. Burns, scarring, and bruising are a rare but potential risk of cupping. Unusual risks of acupuncture include spontaneous miscarriage, bleeding, nerve damage and organ puncture, including lung (pneumothorax). Infection is another risk. Although Riley Smith, LAc uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

I also understand that as with any medical procedure results are not guaranteed. I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me by Riley Smith, LAc who, now or in the future, treats me.

I understand some acupuncture treatments are contraindicated during pregnancy. I will notify Riley Smith, LAc if there is a chance I am pregnant, or if I intend to become pregnant.

I do not expect Riley Smith, LAc to be able to anticipate and explain all possible risks and complications of the treatments, and I will rely on Riley Smith, LAc to exercise his professional judgment when necessary during the course of treatments, which at the time, based on the facts then known and health history shared with him by me, is in my best interest. I understand results are not guaranteed or outcome of the treatments.

I understand the Riley Smith, LAc may review the health history I choose to share with him, but all my records will be kept confidential and will not be released without my written consent. I understand that I may refuse or stop any treatment.

I am, to my knowledge, not pregnant at the time of initial treatment and in the event of knowledge of a possible pregnancy, I am obligated to verbally express this to the practitioner(s) during a treatment consultation. Initials X_____

I understand that there are acupuncture points on the entire body. To reach some of these points on the abdomen, chest, back, and buttocks the practitioner, I may have to adjust clothing accordingly. I hereby give permission for Riley Smith, LAc to adjust my clothing as needed in my treatment. Initials X_____

Print Name Above

Signature

Date