

Allison Howard, DOM

## Acupuncture Treatment and Care Informed Consent

I hereby request and consent to acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or the patient named below, for whom I am legally responsible) by the acupuncturist named above.

I understand and am informed that, as in the practice of medicine, in the practice of acupuncture there are some risks to treatment, including but not limited to, slight bruising, tingling near the needling sites that last a few days, nausea, a punctured lung and infection. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I choose to rely on her to exercise appropriate judgment during the course of the procedure which she feels at the time, and based upon the facts, then known, is in my best interest. If I suspect I am pregnant, I will immediately inform the acupuncturist. If I experience any gastro-intestinal upset or allergic reactions to the herbs, I will inform the acupuncturist.

I have read the above consent. I have also had an opportunity to ask questions about its content and by signing below I agree to the acupuncture procedure. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Print Name of Patient's Representative

Please Initial Below:

I realize that I am responsible for a \$40.00 missed appointment charge if less than 24 hours notice is given.

\_\_\_\_\_

I understand that if, for any reason, my insurance does not cover my acupuncture sessions, I will provide payment.

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