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INFORMED CONSENT TO ACUPUNCTURE AND HERBAL TREATMENT

Print Patient's Name: _____

I hereby request and consent to the performance of procedures by a licensed acupuncturist including, but not limited to, acupuncture and herbal treatments on me (or on the patient named above, for whom I am legally responsible) by one of the licensed acupuncturist listed above or by future licensed acupuncturist who practice in this office.

I understand that in the practice of herbal treatments and acupuncture that there are no guarantees. I further understand that there are some risks to acupuncture treatment, including, but not limited to, slight bruising, tingling near the needling sites that can last a few days, nausea, and light headedness immediately following treatment. I understand that some herbs may be inappropriate during pregnancy. If I experience any gastro-intestinal upset or any other reactions that may be a reaction to the herbs, I will contact the acupuncturist. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications.

I also understand that my continued association and cooperation with my medical doctor is imperative. While the acupuncturist may use his/her best efforts in assisting to alleviate the symptoms of my illness, such action is only a supplement to the care provided by my attending physician, and is not intended to be a substitute for any conventional means of diagnosis and treatment. Furthermore, no recommendations made by any member of the above named office shall be interpreted by me as requiring an independent course of action inconsistent with the course of medical care defined by my attending physician. If at any time I have any questions regarding the above, I will ask my acupuncturist and/or, if necessary, the business manager.

I have read, or have read to me, the above consent. I have also had an opportunity to ask questions about its content 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 and for any future condition(s) for which I seek treatment.

Signature of Patient or Patient's Representative

Date

Print Name of Patient's Representative

Witness to Patient's Signature

Date

Relationship or Authority of Representative