



Marian Blum
ACUPUNCTURE

INFORMED CONSENT TO ACUPUNCTURE TREATMENT AND CARE

Patient's name (print) _____

I hereby request and consent to the performance of procedures on me (or on the patient named above, for whom I am legally responsible) which are within the scope of practice of oriental medicine including, but not limited to, history-taking, orthopedic and neurological testing, acupuncture, electroacupuncture, indirect moxibustion, warm needle moxibustion, oriental forms of bodywork and cupping, and herbal prescriptions, by Marian Blum, LAc and/or other licensed acupuncturists who now or in the future serve as back-up for Marian Blum, including those working at her clinic or office or any other office or clinic, whether signatories to this form or not.

I have had an opportunity to discuss with the acupuncturist the nature and purpose of acupuncture. I understand that results are not guaranteed.

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, bruising, tingling or soreness near the needling sites that may last a few days. There have been instances reported of fainting, infections and scarring. There have also been instances reported of spontaneous miscarriage and pneumothorax. I understand that some herbs and acupuncture points may be inappropriate during pregnancy and I will inform the acupuncturist of any possibility that I might be pregnant. I will notify the acupuncturist if I take steroids or anti-coagulants or if I have an implanted pacemaker or a prosthetic heart valve. If I experience any gastrointestinal upset or apparent allergic reactions to an herbal prescription, I will stop taking the herbs and inform the acupuncturist.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of the treatments, based upon the facts then known.

I have read, or have had 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 come to this office to seek treatment.

<p>X _____</p> <p>Signature of patient</p>	<p>____/____/____</p> <p>Date</p>	<p>If patient is a minor:</p> <p>_____</p> <p>Print Name of Patient's Representative</p>
<p>_____</p> <p>Treating Acupuncturist</p>	<p>____/____/____</p>	<p>_____</p> <p>Relationship or Authority of Representative</p>