Consent to Acupuncture Treatment

I _____, hereby authorize Christina Noonan, LicAc., to administer acupuncture relative to my diagnosis. I also understand the procedures and complications for each of these treatments include but are not limited to:

1. Insertion of various styles and sizes of acupuncture needles into my skin at various depths and locations in which bruising may occur at the acupuncture points where sterile stainless steel needles are inserted. This may include bruising, tenderness and discomfort that will last a few days.
2. Heat treatments using a conventional heat lamp may be placed on or near any part of my body which with all sources of heat may cause discomfort resulting in a blister or scar.
3. A massage technique called "gwa sha" may produce redness on the skin that remains for 1-5 days. A slight bruising and tenderness may persist following treatment.
4. Cupping may be used to promote circulation. Cups may produce a red/purple color on the area cupped and may persist for 1-5 days.
5. Electro stimulation may be used in conjunction with acupuncture needles which cause a vibratory feeling at the site.
6. Laser and LED red light therapy may be used to promote healing by increasing blood flow to the area being treated.

I have been informed that I have a right to refuse any form or treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and was given the opportunity to ask questions pertaining to my treatment. I also understand that there is always the possibility of unexpected complications and I understand that no guarantee can be made concerning the results of treatment.

Cancellation Policy

There is a 24-hour cancellation policy. Failure to provide 24-hour notice will result in paying the full amount for the treatment.

Signature of Patient_____

Printed Name of Patient_____

Date_____

Practitioner Signature_____