

Magnolia Healing Arts LLC

1235 SE Division Street #115 Portland, OR 97202 503.975.9798

Consent To Be Treated

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of acupuncture practice on me (or on the patient named below for whom I am legally responsible) by Nicola Moll, L.Ac. or Colleen Gibson, L.Ac. and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the above named acupuncturists.

I understand that acupuncture, moxibustion, electrical stimulation, gua sha, and cupping are all safe methods of treatment. Potential risks of acupuncture and electrical stimulation include temporary bruising, swelling, bleeding, numbness and tingling, soreness at the needling site and temporary exacerbation of symptoms that may last a few days. Unusual risks of acupuncture include dizziness, fainting or nerve damage. I am aware that eating within a few hours before receiving acupuncture can reduce the risk of fainting. Infection is possible, although the clinic uses sterile disposable needles and maintains a safe and clean environment. Potential risks of moxibustion therapy are burns, blistering, or scarring. Temporary bruising or skin discoloration for a few days is a common and expected side effect of cupping and gua sha. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment is considered very beneficial in the pregnancy and birthing process.

I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, changes in sleep patterns, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his or her judgment in my best interest during the course of treatment, based upon the facts then known.

In voluntarily signing this form, I show that I have read, or have had read to me the above consent to treatment, understand the risks and benefits of acupuncture and other procedures, and have had the opportunity to ask questions. 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.

Patient Signature _____ Date _____
(Or patient representative)

Relationship if signing for patient _____