

Consent to Treat Form

I, _____, hereby authorize the practitioner(s) associated with One World Community Acupuncture to administer treatment relevant to my Oriental medical diagnosis, including, but not limited to, the following

- Insertion of sterile acupuncture needles into various points on my body.
- Heat treatments, using moxibustion / mugwort (a type of herb), lit and burned on or near the needles or on the skin, or the use of a heat lamp in conjunction with needle therapy. Moxibustion is not burned directly on the skin. On rare occasions, a blister may occur. The acupuncturist will explain the procedure as it is performed, and the patient will be asked to give feedback on the degree of heat being experienced at all times.
- Static stimulation of the needles, using a battery-operated tool to stimulate the needle and to create a current connecting a number of needles.
- Bloodletting, when appropriate, as adjunct to treatment of injuries, both acute and chronic. This therapy can expedite the recovery process from an injury / illness. It employs a technique where a point on the patient's body is pricked and a few drops of blood drawn from it.
- Cupping is a form of treatment where the practitioner applies suction cups to the skin to help release congestion, generally in the form of tension. Over time, tight muscles will reduce the amount of blood flow to and through the muscles, a condition called ischemia. Cupping applies suction to the muscle which, when released, causes the stagnant blood in the tissue to flow and encourages an influx of fresh blood into the area. At times, cupping may leave a red or purplish mark on the skin (resembling a bruise) that will disappear within a few days. This technique is also used for acute respiratory conditions to help clear the lungs.
- The use of patented or personalized Chinese herbal formulas to treat my condition.

I am aware that I have the right to refuse any form of treatment. After reading the above, I understand the nature of the treatments that the practitioner may use. I understand that, like with all medical procedures, there are risks associated with acupuncture and herbal treatment. I am aware that I am always free to ask questions pertaining to my treatment. I am also aware that there are no guarantees made as to the result of treatment.

I further understand that any diagnosis given in the context of acupuncture treatment does not constitute a Western medical diagnosis, and that the acupuncturist may recommend to pursue traditional medical advice or intervention, if necessary.

Patient Acknowledgment:

Signature: _____ Date: _____

Guardian: _____ Date: _____