

NatureMed Acupuncture
Community Acupuncture Patient Information Form



Please print, complete, and bring to your first visit

Name _____

Address _____

Phone mobile _____ other _____

Emergency Contact Name _____

Emergency Contact Phone _____

Describe the main health concern you would like to address

When did it first begin?

What makes it better?

What makes it worse?

Have you seen a physician about your concerns? Yes _____ No _____

Clinician's Notes

Pulse:

Tongue:

Points:

Practitioner's Initials:

ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of acupuncture treatments and other procedure within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below, and/or other licensed acupuncturists who now or in the future treat me.

I understand that methods of treatment may include, but are not limited to, acupuncture, cupping, gua sha, Tui Na (Chinese massage), moxibustion, electrical stimulation, Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling hear the needling site that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of cupping and moxibustion, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping and gua sha. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although sterile disposable needles are used and acupuncture is performed in a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. The herbs may have an unpleasant smell or taste. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will immediately notify the acupuncturist of any unanticipated or unpleasant side effects associated with consumption of the herbs. I understand that some herbs may be inappropriate during pregnancy, I will notify the acupuncturist who is caring for me if I am or become pregnant.

While I do not expect the acupuncturist o be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the acupuncturist to exercise judgment during the course of treatment which, based up on the facts then known, is in my best interest. I understand that results are not guaranteed.

By voluntarily signing below, I acknowledge that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an 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 acupuncture treatment.

Patient Name

Date

Signature – Patient or Representative *(include relationship if signing for patient)*

Acupuncturist Name

Date

Acupuncturist Signature