

## Information About Acupuncture Treatment

**What is acupuncture?** Acupuncture is a healing art that involves the stimulation of specific points on the body. It has the effect of normalizing physiological function, modifying the perception of pain, and treating certain diseases or dysfunctions of the body. The stimulation may be produced by needles, heat, digital pressure, electrical currents, or other means, but most frequently by needling.

Herbs and nutritional supplements may be recommended and are considered safe in the practice of Chinese Medicine.

**What are the side effects or complications?** Acupuncture is considered a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been rare instances reported in which a patient fainted, developed a scar or infection, experienced a spontaneous abortion, or sustained a pneumothorax (air in the chest cavity that could cause a collapsed lung).

**What are the contraindications for acupuncture or use of Chinese herbal medicine?** Contraindications for acupuncture treatment and certain herbs include a history of bleeding disorder or current anticoagulant therapy, an implanted pacemaker or prosthetic heart valve, use of certain medications, and/or pregnancy.

### Consent for Acupuncture Treatment

\_\_\_\_\_ has explained the benefits and possible risks of treatment by acupuncture and use of Chinese herbal medicine to me. My questions have been answered and I wish to proceed. No guarantee of results has been made.

I do not have an implanted pacemaker or prosthetic heart valve. I do not take steroids or anticoagulants. I take the following drugs: \_\_\_\_\_

For female patients: I am not pregnant. My last normal menstrual period began on: \_\_\_\_\_

I have read this information sheet and consent to treatment by acupuncture for (state problem or condition):

### Insurance Disclaimer/Agreement:

A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service. I understand that my health insurance company may deny payment for the services identified above, for the reasons stated. If my health insurance company denies payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies.

### I have received a copy of this information and consent form.

Patient's name (PLEASE PRINT): \_\_\_\_\_

Patient signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Acupuncturist's signature: \_\_\_\_\_ Date: \_\_\_\_\_