

INFORMED CONSENT & PHYSICIAN CONSULTATION ADVISORY

I. PATIENT ADVISORY TO CONSULT A PHYSICIAN

Dana M. Carruth M.S.AOM., L.Ac. is committed to your health and well being. We believe that while Oriental medicine has a great deal to offer as a modality of healthcare within our healthcare system, it cannot replace the resources available through the physicians of biomedicine. Consequently, we recommend that you consult your primary care physician regarding any condition(s) for which you are seeking out services and care with acupuncture and Oriental medicine.

We, the undersigned, do affirm that _____ (patient) has been advised by Dana M. Carruth, licensed acupuncturist, to consult a physician regarding the condition(s) for which such patient seeks out treatment with acupuncture and Oriental medicine.

Patient Signature _____ **Date** _____

II. INFORMED CONSENT FOR ACUPUNCTURE TREATMENT

I, _____ (patient), consent to acupuncture treatments and other procedures associated with the practice of traditional Chinese medicine provided by Dana M. Carruth M.S.AOM., L.Ac.. I have discussed the nature and purpose of my treatment with the name of the clinical staff named below.

I understand that methods of my treatment may include, but are not limited to, acupuncture, moxibustion, cupping, Gua Sha, electrical stimulation acupuncture and Tui Na bodywork therapy.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, numbness or tingling near the needle sites that may last up to a few days, dizziness or fainting. Bruising is a common side effect of cupping. Rare and unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this practice site uses sterile, disposable needles and maintains a clean and safe environment in accordance with state and national guidelines. Burns and/or scarring are potential risks of moxibustion. I understand that while this document describes the major risks of treatment, there may be other risks and side effects.

The herbs and nutritional supplements (from plant, animal and mineral sources) which may be recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, diarrhea, rashes, hives and tingling of the tongue.

I will notify Dana M. Carruth M.S.AOM., L.Ac. if I am or become pregnant.

I do not expect Dana M. Carruth M.S.AOM., L.Ac. to be able to anticipate and explain all possible risks and complications of my treatment.

I understand that Dana M. Carruth M.S.AOM., L.Ac. may review my medical records and lab reports, and that portions of my records may be used for treatment purposes only. Otherwise, all of my records will be kept confidential and will not be released to any party without the patient's written consent.

By voluntarily signing below, I show that I have read, or have had read to me, this consent to treatment. I have been told about 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(s) for which I seek treatment.

To be completed by the patient (or patient's representative if the patient is a minor or is physically or legally incapacitated)

Patient's Name _____ **Date** _____

Patient's Signature _____

Office Use

Dana M. Carruth L.Ac. _____ Date _____