ACUPUNCTURE CONSENT AND REQUEST FOR PROCEDURE

Acupuncture involves inserting tiny, flexible, sterile needles through the skin and into muscles and connective tissues in order to relieve symptoms, resolve pain and muscle tension, increase movement, and promote healing

Acupuncture points manifest throughout the body and are interconnected by the body's myofascial network, nerves, and and other tissues. Therefore, sites chosen for needling may be located near affected or painful areas as well as sites which may be at some distance from affected areas, and may seem unrelated to your pain or problem.

Your acupuncture provider has met requirements requirements dictated by by the U.S. state of this practitioner's licensure.

Acupuncture is a valuable and effective treatment for neurological and musculoskeletal pain, and movement impairments, and offers the possibility of a holistic benefit not available through a limited dry needling treatment. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

<u>Risks:</u> The most serious risk with acupuncture is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, nerve injury. and/or vasodepressor syncope (feeling faint.) If heat or moxa therapy is used, there is the risk of a burn and scaring.

Bruising and temporary pain (12-24 hours) at needle sites are common occurrences and should not be a concern.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My healthcare provider has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required, thus this consent will cover this treatment as well as consecutive treatments by this provider and this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Procedure: I,			, authorize			to perform Dry Needling.		dling.
Please answer the f	follow	ing qu	estions:					
Are you pregnant?	Yes	No	Are you immunocon	npromised? Yes	No	Are you taking bl	ood thinners? Ye	es No
	DC	NOT	SIGN UNLESS YOU HAV	/E READ AND THOR	OUG	HLY UNDERSTAND	THIS FORM.	
,	You ha	ve the	e right to withdraw cor	sent for this proce	dure	at any time before	it is performed.	
Patient or Authorized Representative					te		Time	_
Relationship to patient (if other than patient)					(Patient name printed)			
			explained the procedure ereof, and has consente			s attendant risks an	d consequences t	o the patient who
Provider				 Date		 Time		