Oregon City Acupuncture
619 Madison St. #110 Oregon City, OR 97045
503-653-1468

Consent for Treatment

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from the Oriental Materia Medica by a licensed acupuncturist at Oregon City Acupuncture. I understand that acupuncturists practicing in the state of Oregon are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic's practitioners.

Acupuncture: I understand that acupuncture is performed by the insertion of needles through the skin at certain points of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, infection and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Moxibustion: I understand that moxabustion is the application of heat to or near the skin, often at the same points as acupuncture and for the same purposes. I understand that if I receive direct moxibustion (applied to the skin) as part of therapy, the skin is protected with ointment but there is still a risk of burning or scarring from its use. I understand that I may refuse this therapy.

Chinese Herbs: I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions given for administration and dosage if I choose to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, herb / drug interactions, and / or the possible aggravation of symptoms existing prior to herbal treatment. As the research involving the use of any herbal substance and interactions with pharmaceutical drugs is very limited, there is always the possibility of problems arising from combining these substances. I will fully disclose all supplements, vitamins, herbs & medications I am currently taking so a safe plan can be made for me to incorporate Chinese herbs into my treatment regimen, if they are prescribed. ***Should I experience any problems, which I associate with Chinese herbal substances, I should stop taking the herbs and call Oregon City Acupuncture as soon as possible.***

Acupressure/Tuina Massage: I understand that I may also be given acupressure / tuina massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture administered with the acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Signature: _____ **Date:** _____ **ID #** _____

Printed Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____