

CONSENT FORM

I hereby voluntarily consent to be treated with acupuncture by Licensed Acupuncturist Diana Di Gioia and other licensed acupuncturists at Community Acupuncture on Cape Cod. I understand that acupuncture is a generally safe method of treatment, but that it occasionally may have side effects, including bruising, numbness, tingling or pain near the needling site that may last a few days, and in rare cases, dizziness or fainting.

I will notify my acupuncturist if I am, or become pregnant. I understand that if there is a worsening of my condition or if a new ailment or condition arises, or in the case of emergency, I should consult my personal physician or go to the local emergency room.

I consent to Chinese Herbal Medical treatment. The herbs and nutritional supplements that are 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. Possible side effects of taking herbs include nausea, gas and stomach ache. I understand that herbs must be consumed according to the instructions provided, and I will immediately notify my acupuncturist if any unanticipated or unpleasant side effects occur.

Acupuncture treatment is not a replacement for diagnostic medical procedures. If you have any concerns about what may be causing your symptoms you must see a medical doctor.

PRIVACY NOTICE FOR GROUP TREATMENT

I understand that it is possible for others to overhear conversation with my acupuncturist in a group setting. I understand that the acupuncturist will do all they can to minimize any compromise of privacy, and that my written health records are strictly confidential.

CANCELLATION POLICY

It is our intention to make acupuncture available to as many people as possible at the most affordable rates. In respect and support of that, **we ask for at least 24 hours notice to change or cancel an appointment. There is a \$20 fee for appointments that are cancelled or changed with less than 24 yours notice.** If you are uncertain as to whether you can keep an appointment or give adequate notice, it may be better to call us on the day you'd like to come in, and we'll do our best to accommodate you. Thank you for your understanding.

Patient's name, printed

Date _____

Signature of patient or guardian