

ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby consent to acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below for whom I am legally responsible) by acupuncturist Diana Di Gioia. Methods of treatment may include acupuncture, moxibustion, cupping, gua sha, Chinese herbal medicine and nutritional counseling.

I understand that acupuncture is a generally safe method of treatment, but that it may occasionally have some 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. Bruising is a common side effect of cupping and gua sha.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been 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 are similar to those for ingesting any substance you have never had before, most commonly nausea, gas, and stomach ache.

I understand that herbs must be consumed according to the instructions provided, and I will immediately notify the acupuncturist if any unanticipated or unpleasant side effects occur. I will notify my acupuncturist if I am or become pregnant.

Acupuncture treatment is not a replacement for diagnostic medical procedures. An acupuncturist does not diagnose according to standard medical practice, nor should a “Chinese Diagnosis” be considered a replacement for standard medical evaluation or testing. If you have any concerns about what may be causing your symptoms, you must see a medical doctor.

Signature _____

Date _____

Initial here if you also authorize us to report back to your medical doctor about your response to acupuncture:
