

## I. PATIENT ADVISORY TO CONSULT A PHYSICAL

We are committed to your health and well being and while Oriental medicine has a great deal to offer as a health care modality, it cannot replace the resources available through biomedical physicians. Consequently, we recommend that you consult a physician regarding any condition(s) for which you are seeking acupuncture treatment.

To comply with Article 160, Section 8211.1(b) of NYS Education law, we request that you read and sign the following statement:

**WE, THE UNDERSIGNED, DO AFFIRM THAT \_\_\_\_\_ (patient) HAS BEEN ADVISED BY MICHAEL KELLY (licensed acupuncturist) TO CONSULT A PHYSICIAN REGARDING THE CONDITIONS(S) FOR WHICH SUCH PATIENT SEEKS ACUPUNCTURE TREATMENT.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Acupuncturist

\_\_\_\_\_  
Date

## II. INFORMED CONSENT TO ACUPUNCTURE TREATMENT

I consent to acupuncture treatments and other procedures associated with Traditional Oriental Medicine by the Acupuncture clinician named below. I have discussed the nature and purpose of my treatment with the member of the clinical staff named below.

I understand that methods of treatment may include but are not limited to: acupuncture, moxibustion, and massage.

I have been informed that acupuncture is safe method of treatment, but that it may have side effects including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutrition supplements (which are from plant, animal, and mineral sources) which may be recommended are traditionally considered safe, 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, stomach ache, vomiting, diarrhea, rashes, hives and tingling of the tongue.

I understand that the herbs need to be prepared and the tea consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbal teas.

I will notify the acupuncturist who is caring for me if I am or become pregnant.

I do not expect the acupuncturist to be able to anticipate and explain all possible risk and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts known to them, is in my best interest.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment

To be completed by patient or patient's representative if patient is a minor.

To be completed by Acupuncturist providing information and obtaining consent.

\_\_\_\_\_  
Date Consent Completed

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Print Name of Acupuncturist

\_\_\_\_\_  
Signature of Patient of Representative

\_\_\_\_\_  
Signature of Acupuncturist