

Chuck Graham Acupuncture
ACUPUNCTURE AND CHINESE HERBAL MEDICINE
INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of 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 the acupuncturist, Chuck Graham, M.ac., L.Ac., Dipl.Ac. (NCCAOM).

I understand that methods of treatment may include, but are not limited to, acupuncture, acupressure, moxibustion, cupping, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping. Bruising is a 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, although sterile disposable needles are used and a clean and safe environment is maintained.

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

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. 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. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

I will notify Chuck Graham if I am or become pregnant.

While I do not expect Chuck Graham to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on his judgment during the course of treatment which he thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand all my records will be kept confidential and will not be released without my written consent.

I have been informed that I may stop treatment at any time. By signing this form, I am acknowledging that I have received and accept the terms of Payment of Services, Cancellation of Appointment, and Unattended Appointments.

By voluntarily signing below, I show that I have read, or have had read to me, the above 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 condition(s) for which I seek treatment.

Chuck Graham, M.Ac., L.Ac., Dipl.Ac.

Patient Signature (or Patient Representative)

Date

Indicate relationship if signing for patient