

Consent to Treatment

I, _____, hereby authorize Kelly Ransom M.S.O.M.L. Ac., to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, numbness or tingling near the needle sight, which may last a few days. An unusual risk of acupuncture includes spontaneous miscarriage, nerve damage and organ puncture. Infection is another possible risk, however since this office uses only sterilized, disposable needles while maintaining a clean and safe environment, this is unlikely.
2. Heat treatment using the herb Arthemesa vulgaris (moxibustion, "moxa") or a conventional heat lamp may be placed on or near any part of my body. For indirect moxibustion treatments, the moxa is placed on the head of the needle or barrier (such as a slice of ginger or salt) which rests on the skin. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from moxa treatments may involve slight discomfort or leave a small blister or scar on the skin. With any type of heat, there is a risk of burn.
3. A massage technique called "gua sha" may produce redness and bruising on the skin which remains for 1-5 days. A slight bruising or tenderness may persist following the treatment.
4. Cupping may be used to promote the circulation of Qi (energy) through the meridians. Cups may produce a red/purple color or bruise on the area cupped which may remain for 1-5 days.
5. Electrical stimulation may be used which produces a vibration/tapping sensation on the needles. Ion pumping cords may be attached to the needles.

By voluntarily signing below, I show that I have read or have had read to me, this consent to treatment. I have been informed that I have a right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and was given an opportunity to ask questions pertaining to my treatment. I also understand there is always a possibility of unexpected complications and I understand that no guarantee can be made concerning the results of the treatment. I understand this consent form is intended to cover the entire course of treatment for both the present condition and for any future conditions for which I seek treatment(s).

Clients of my practice are advised to consult a physician regarding the condition or conditions for which they are seeking acupuncture treatment. In addition, clients are responsible for seeking the advice and treatment of a physician should their symptoms change for the worse, or should any new condition arise.

Signature of patient: _____

Printed Name: _____

Date: _____

Practitioner Signature: _____