

Informed Consent for Acupuncture Treatments

I hereby request and consent to acupuncture by the acupuncture therapist, Ken Shim.

I understand and am informed that in the practice of acupuncture there are some risks to treatment including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs, and stuck or bent needles.

I understand that only sterile disposable needles will be used. All acupuncture needles will be properly disposed of after each and every treatment.

I do not expect the therapist to be able to anticipate and explain all possible risks and complications. I wish to rely on the therapist to exercise judgement during the course of the treatment which the therapist feels at the time, based upon the facts then known, is in my best interests. I understand that the results are not guaranteed.

NB Female patients: I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment is possible. I hereby state that I am not pregnant, nor am I planning to become pregnant for the duration of the treatment. If this changes, I will notify the therapist in order that precautions may be taken.

I have read the above and by signing below I agree to the above mentioned acupuncture procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatments.

Date

Client Name

Client Signature

Date

Ken Shim

Therapist Name

Therapist Signature