INFORMED CONSENT TO TRADITIONAL CHINESE MEDICINE

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by the licensed acupuncturist on staff at Karen Craven Acupuncture, who now or in the future treat me while employed by, working or associated with or serving as backup for Karen Craven Acupuncture. I request and approve oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on a variety of areas of my body, observation, range of motion, muscle, and orthopedic testing; modes of manual or physical therapy such as Tuina, manipulation of joints and/or viscera, heat and/or cold therapy and electrical and/or magnetic stimulation; the prescription of herbal and homeopathic medicines as well as dietary supplements; dietary recommendations; exercise advice and healthy lifestyle counseling.

I have had an opportunity to discuss with my practitioner, and/or with other clinic personnel the nature and purpose of acupuncture and Traditional Chinese Medicine (TCM) procedures. Although I am aware that acupuncture and the other procedures used in TCM have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of TCM there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but are not limited to bleeding, bruising, pneumothorax (punctured lung), puncture of other organs, pain or other strong sensations at the location of where a needle is inserted or radiating from that location, nerve pain, bumps, aggravation of current symptoms, appearance of new symptoms, general aches, sprains, strains, dislocation, fractures, disc injuries, and strokes. I do not expect the practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise such judgment during the course of my treatment as the practitioner feels at the time, based on the facts known, to be in my interest. I authorize the staff to perform any necessary services needed during diagnosis and treatment.

I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. 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 at the Karen Craven Acupuncture clinic.

Patient name (please print)  Patient's signature

________________________________________________________________________

Print name of patient's representative (if applicable)  Relationship or authority of patient's representative

________________________________________________________________________

Date signed  Witness

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