All-Inclusive Informed Consent to Treat

Acupuncture & East Asian Medicine Modalities

I hereby request and consent to the performance of acupuncture treatments and other East Asian medicine modalities on me (or on the patient named below, for whom I am legally responsible) by the licensed acupuncturist(s) at this clinic and/or those who now or in the future treat me while employed by, working with, or associated with this office.

I understand that methods of treatment may include, but are not limited to, acupuncture, herbal medicine, and various adjunctive clinical therapies. I have read the specific description of these modalities and their associated risks below:

1. Acupuncture & Electroacupuncture

- **Acupuncture:** Involves the insertion of fine, sterile, disposable needles through the skin at specific points. Potential risks include minor localized bruising, slight bleeding, temporary soreness, dizziness, or fainting (vasovagal response). Extremely rare risks include nerve irritation, infection, or pneumothorax (lung puncture).
- **Electroacupuncture:** The application of a mild, low-voltage electrical current across acupuncture needles to enhance stimulation. Risks include localized tingling, muscle fatigue, or skin irritation. This modality is strictly contraindicated for patients with cardiac pacemakers or electronic implants.

2. Herbal Medicine (Chinese & Western Botanicals)

- **Administration:** May include custom or prepared formulas delivered as teas, powders, capsules, or topical poultices.
- **Risks & Side Effects:** Potential risks include temporary gastrointestinal upset (such as nausea, gas, or changes in bowel movements), mild allergic skin reactions, or a disagreeable taste.
- **Drug Interactions:** Some herbs may interact with prescription medications or supplements. I agree to provide a complete, updated list of all medications to my practitioner and to notify them immediately of any prescription changes or if I become pregnant.

3. Fire Cupping & Gua Sha

- **Fire Cupping:** The application of glass cups to the skin using an open flame to create a therapeutic vacuum seal. Risks include significant but standard circular discoloration or bruising (purpura), local skin warmth, tenderness, and rare instances of skin blistering or mild thermal burns.
- **Gua Sha:** A manual therapeutic friction technique involving scraping the skin with a smooth-edged tool. Risks include temporary redness, light purple or red petechiae (surface spots), bruising, and localized muscular tenderness that typically resolves within a few days.

4. Infrared Heat Lamp Therapy (TDP / Thermal)

- **Therapeutic Use:** The directed application of radiant electromagnetic heat to targeted areas of the body to boost circulation and ease discomfort.
- **Risks & Cautions:** Risks include localized redness, skin dryness, or mild thermal burns if sensitive to heat. Patients with peripheral neuropathy, diabetes, or reduced nerve sensitivity must exercise extreme caution and alert the practitioner immediately if the temperature feels uncomfortable.

5. Manual & Medical Therapies (Tuina & Qigong)

- **Tuina (Chinese Medical Massage):** Hands-on structural manipulation, acupressure stretching, and soft tissue mobilization. Risks include temporary muscle soreness, stiffness, or joint tenderness similar to a deep tissue massage.
- **Qigong (Energy & Movement Therapy):** Breathwork, gentle movement exercises, or energetic balancing techniques. Risks are minimal but may include temporary emotional release, lightheadedness, or mild physical fatigue from postural adjustments.

6. Cosmetic Microneedling (Aesthetic / Collagen Induction)

- **Procedure:** The mechanical application of specialized motorized micro-needles to the surface skin layers to stimulate cellular renewal and collagen synthesis.
- **Risks & Downtime:** Risks include immediate facial erythema (redness/sunburn-like sensation), mild localized swelling, pinpoint bleeding, micro-flaking, or temporary skin dryness. Rare risks include post-inflammatory hyperpigmentation, bruising, or localized skin infection if post-care guidelines are violated.

Patient Screening & Safety Affirmation

Please check any box that currently applies to you:

☐ I am currently pregnant, trying to conceive, or lactating.

☐ I am fitted with a cardiac pacemaker, defibrillator, or mechanical heart valve.

☐ I have a known bleeding disorder, history of deep vein thrombosis (DVT), or take blood-thinning medications (e.g., Coumadin, Eliquis, daily aspirin).

☐ I am prone to fainting, dizziness, severe needle phobia, or have low blood pressure.

☐ I have a history of keloid scarring, active eczema, open wounds, or facial skin infections.

PATIENT STATEMENT & VOLUNTARY ACKNOWLEDGMENT

By signing below, I confirm that I have read this form completely or have had it read to me. I understand the nature, procedures, clinical purposes, and specific risks associated with acupuncture, herbal medicine, fire cupping, heat lamp, gua sha, tuina, qigong, electroacupuncture, and microneedling. I have had the opportunity to ask questions regarding these procedures, and all questions have been answered to my full satisfaction.

I recognize that no clinical guarantees or definitive cures can be promised regarding the outcomes

of these treatments. I understand that I am free to withdraw my voluntary consent and discontinue any recommended therapy at any time during my course of clinical care without penalty.

Patient Printed Name: _____

Patient Signature: _____

Date: _____

If Legal Representative / Personal Guardian:

Representative Name: _____

Relationship: _____

Representative Signature: _____

Date: _____