

Red Bird Acupuncture

17 Masonic Street
Rockland, Maine, 04841

Abi Morrison L.Ac

Informed Consent

I, _____ voluntarily consent to be treated with acupuncture by licensed acupuncturist Abi Morrison. I have read and understand the following.

-I understand that acupuncture will be performed by the insertion of sterile disposable needles in the skin or by application of heat [moxabustion], or by use of suction cups, or by gentle scraping [gua sha] or some combination of the foregoing, at certain points of the body.

-I understand that although rare, certain side effects may result from my acupuncture treatment. These could include some minor discomfort, fainting, nausea, localized bruising, infection, nerve irritation/impairment, pneumothorax, or the temporary aggravation of pre-existing conditions.

-I accept that no guarantee is made concerning the outcome of my acupuncture treatments and that I am free to stop at any time.

-I do not expect the acupuncturist to be able to anticipate and explain all the risks and complications, and I wish to rely on the acupuncturist to exercise judgement during the course of the procedure, based on the facts then known.

-I have read, or had read to me, the enclosed information sheet, as well as this 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.

-I, the undersigned consent to the acupuncturist consulting with my physician/counselor [circle one or both] regarding my condition if she sees fit. [You may strike this out if not].

I understand the contents of this form and consent to the procedure.

Patient
signature _____ Date _____

Witness
signature _____ Date _____

Parent/guardian signature _____ Date _____