

# Informed Consent for Acupuncture and Related Treatments

**Acupuncture:** A method of encouraging the body to promote natural healing and to improve functioning. Acupuncture involves the insertion of fine sterile disposable needles through the skin into the underlying tissues at specific points on the surface of the body. The location of the needles and the depth of their insertion are determined by the nature of the problem.

**Electroacupuncture:** The running of a low electrical current through one or more needles to help heal the body. A slight throbbing or tingling sensation may be felt during the use of the electrical stimulator.

**Auricular Acupuncture:** The insertion of needles or semi-permanent needles on the surface of the ears. These needles often fall out by themselves within three to four days, but may persist for up to 2 weeks. If redness, swelling, or pain develop around the needles, the patient should report these findings to the acupuncturist as soon as practical and the patient may remove the needles.

**Alpha-Stim Cranial Electric Stimulation:** Through small electrodes attached to the earlobe, a very small electrical current will run through the brain. This can be used to treat depression, anxiety, insomnia, and general pain. It is used in conjunction with acupuncture treatment to help with relaxation. It may cause some mild nausea, lightheadedness, or headache that is quickly reversible.

**Inter-X Stimulation:** A stand-alone device with a pad that is applied directly to the skin. An electrical waveform is generated that goes to the area of pain/tissue damage. The device then responds to the changes in the tissue with different waveforms to achieve pain modification.

**NET-2000 Point Stimulator:** An electrical device that acts on energy frequencies inherent in the human body. The stimulator is applied to the skin of the ear or to needles in the ear to augment the acupuncture treatment.

**Piezo-Electric Stimulation:** A crystal device that is applied to the skin that generates a small electrical current used to augment other treatments.

**Moxibustion:** An herbal preparation that is heated up over the acupuncture points/needles/skin to augment acupuncture's effect.

**Infrared Heat Treatment:** Used with full body acupuncture treatments to augment the effect, give warming, and act on the tissue to improve healing.

## Risks and Benefits

**Potential Risks:** Although uncommon, there is a potential for discomfort and pain at needled sites, minor bleeding, lightheadedness. Drowsiness occurs after treatment in a small number of patients and those who are affected this way are advised to avoid driving. Fainting can occur in certain patients, particularly at the first treatment session. Existing symptoms can get worse after treatment (less than 3% of patients), but this is usually a good sign the body is responding to the treatment.

**Potential Benefits:** Drug-free or drug reduced relief of presenting symptoms and improved balance of bodily energies which may lead to prevention, reduction, or elimination of symptoms.

## Please initial the following statements:

\_\_\_\_\_ I will inform the acupuncturist if any of the following are true about me:

- Currently pregnant
- Using medications that promote bleeding
- Have a bleeding disorder
- Have an implanted electronic medical device
- Have a fear of needles

\_\_\_\_\_ I understand that I am authorized 6 visits per 180 day period (6 months), 1 visit every 4 weeks. Once the 6 month period is completed, I would need to be reevaluated by my primary care manager for a new referral to continue treatment if needed.

\_\_\_\_\_ I understand that my acupuncture evaluation and treatment is not intended to diagnose or cure any specific medical disease or condition. I will follow up with my regular doctor for evaluation and treatment of my medical diseases or conditions.

\_\_\_\_\_ I do not expect the acupuncturist to be able to anticipate and explain all the risks and complications. During the course of the procedure, I will to rely on the acupuncturist to exercise judgment that is in my best interest. I understand that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so I may make educated decisions about my acupuncture treatment. I understand that I may stop treatment at any time.

\_\_\_\_\_ By signing this form, I indicate that I have read and understand the information above, that all my questions have been thoroughly answered to my satisfaction, and that I am giving informed consent for acupuncture treatment and its associated modalities that may be used in this clinic.

\_\_\_\_\_ I understand that I may undergo several acupuncture treatments. 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 acupuncture treatment.

\_\_\_\_\_ I understand that I am to avoid unusually large meals, ice-cold drinks/foods, vigorous physical activity, and alcoholic beverages within 6 hours after treatment. I will continue to take my prescription medications as directed by my regular doctor.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date