

Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

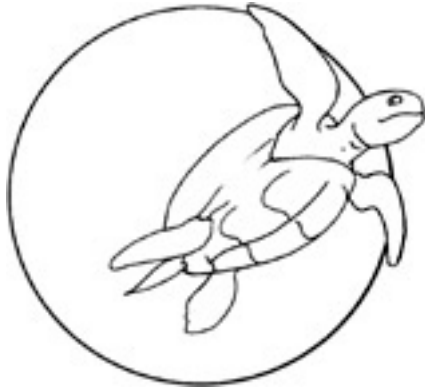
NY Ac Lic # 004758

East Asian Medicine Practitioner Informed Consent to Treat

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of East Asian Medicine on myself (or on the patient named below, for whom I am legally responsible) by the practitioner named above.

I understand that methods of treatment within the scope of East Asian Medicine may include, but are not limited to: acupuncture, acupressure, moxibustion (direct or indirect application of heat to acupuncture points or needles), cupping (cups made of glass or other materials placed on the skin with a vacuum created by heat or other device), electrical stimulation (use of electrical device to produce electrical stimulation on the acupuncture needles), tui na (Chinese massage), gua sha (Chinese dermal friction technique), Chinese herbal medicine, bleeding, bleeding cupping, nutritional counseling and lifestyle advise based on traditional Chinese medical theory. I understand that the herbs may need to be prepared and the teas consumed (or applied on the skin) according to the instructions provided orally and in writing. I will immediately notify the practitioner of any unanticipated or unpleasant effects associated with the consumption or application of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness, or tingling near the needling sites that may last a few days, dizziness and/or fainting, and needle sickness or shock. In very rare instances needles can break and may need to be surgically removed. A common side effect of cupping and gua sha may include marks on the skin that resemble bruising, which may last for 3-5 days depending on the individual. Burning and/or scarring are a potential risk of moxibustion. Other risks of acupuncture may include nerve damage and organ-puncture, but are extremely rare. Infection is another possible risk, although the practitioner uses only sterile, single-use disposable needles and maintains a clean and safe environment. I understand while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and/or mineral sources) are traditionally considered safe in the practice of East Asian Medicine, although some may be toxic in large doses. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and/or tingling of the tongue. I understand some herbs may interact with prescription, over-the-counter medication(s), or supplements, and as



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such, I will notify the practitioner named above if I am taking any medication(s) or supplements concurrently with Chinese herbs. I understand some herbs may be inappropriate during pregnancy. **I will notify the practitioner named above if I am, or become, pregnant. Patients with bleeding disorders, pace-makers, diabetes, lymphedema, or infectious diseases such as HIV/AIDS, hepatitis, and/or tuberculosis, should inform their practitioner prior to any treatment.**

I do not expect the practitioner to be able to anticipate and explain all possible risks and complications of treatment, and I rely on the practitioner to exercise judgment during the course of treatment that the practitioner thinks best at the time, based upon the facts then known. I understand results are not guaranteed. I understand the practitioner is not providing Western (allopathic) medical diagnosis and/or care, and I should look to my Western primary care practitioner (*i.e.*, M.D.) for those services and for routine check-ups. I understand the practitioner may review my patient records and lab reports.

By voluntarily signing below, I show I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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.

Patient Name: _____

Date: _____

Patient (or Parent/Guardian) Signature: _____

Relationship to Patient: _____