

Informed Consent

I, _____, do hereby request and give permission to receive acupuncture from Sadie Minkoff, L.Ac., Michelle Schreiber, L.Ac., Peggy Ghorbani, L.Ac., or any other Licensed Acupuncturist working with them. The procedures have been explained to me and I understand that I have the right to refuse any part of the treatment. Oriental Medicine includes various modalities including, but not limited to, herbal supplements and I have the right to be educated on each modality as it may be used.

I understand and am informed that, as in allopathic medicine, in the practice of Oriental Medicine there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. These risks include but are not limited to: bleeding, bruising, nerve pain, punctured organ, aggravation of symptoms, appearance of new symptoms, fainting and fatigue. 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 to be in my best interest based on the known facts at the time. Although I am aware that acupuncture and the other procedures used in Oriental Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

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 a course of treatment in Oriental Medicine. 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 with this practitioner.

Patient's Name (please print)

Patient's Signature

Date