



Informed Consent to Treatment

I, _____, hereby request and consent to treatments within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Angela Kociolek, a Licensed Acupuncturist (L.Ac.), owner of Rootstock Acupuncture, LLC.

I understand that the scope of acupuncture includes, but is not limited to, the insertion of solid, stainless steel needles through the skin; moxibustion or application of heat; cupping; electrical stimulation; Chinese herbs; and nutritional counseling. Acupuncture is intended to improve well-being by re-establishing harmonious function of body, mind, spirit and emotions, and by reducing pain or discomfort. Acupuncture works well in conjunction with Western medicine, chiropractic, osteopathy, and other healing methods.

I have been informed that acupuncture and associated treatments are generally safe and patients often report a decrease in symptoms and feelings of relaxation or improved energy, although some risks and side effects exist. Unusual risks of acupuncture include nerve damage, organ puncture (including pneumothorax), and infection - although sterile single-use needles and clean needle technique are used. Burns are a potential risk of moxibustion, heat lamps and cupping. Some possible side effects of acupuncture and associated treatments are brief minor pain, localized bruising or skin irritation, nausea, tingling, dizziness, fainting and temporary aggravation of pre-existing conditions.

I understand that "Chinese herbs" may include plant, animal and mineral products that are considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I will notify my practitioner if I prefer not to ingest particular product types or if I have known sensitivities to particular herbs or foods. I understand that herbal formulas should be prepared and consumed according to the instructions provided orally and in writing. Some possible side effects of taking herbal formulas are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, and tingling of the tongue.

I understand that some acupuncture points and herbs are contraindicated in pregnancy. I will inform my practitioner if I am or become pregnant to avoid the use of acupuncture points or herbs contraindicated in pregnancy. I do not expect my practitioner to anticipate all possible risks and complications. I wish to rely on professional judgment regarding my best interest based upon the facts known at the time. I understand that desired results are not guaranteed.

I have read the Notice of Privacy Practices and had an opportunity to ask questions about it. I understand that my medical records will not be released without my written consent (see Authorization to Release Medical Records). I have read, or have had read to me, the above which outlines potential benefits and risks of acupuncture and associated treatments, and have had an opportunity to ask questions. I voluntarily consent to treatment and intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Name _____ (please print)

Signature of Patient (or Guardian) _____ Date ____/____/____
month day year