

Informed Consent to Oriental Medicine Healthcare

I hereby request and consent to participate with Oriental Medicine Healthcare as provided to me now and in the future by Serene Acupuncture and Integrative Medicine. I understand and my practitioner has explained that the following may be utilized to treat my conditions:

- Acupuncture and other oriental medical procedures including: diagnostic techniques such as questions regarding my symptoms, pulse evaluation, palpation on a variety of areas of my body, observation, range of motion, and muscle and orthopedic testing;
- Modes of manual therapy such as massage, stretching, heat and/or cold therapy, and electrical stimulation;
- The prescription of herbal and dietary supplements;
- Dietary recommendations; and
- Exercise recommendation(s) and healthy lifestyle counseling.

I have had and throughout my treatment I continue to have the opportunity to discuss the nature and purpose of Acupuncture and Oriental Medicine procedures with my professional practitioner and/or other clinical personnel at Serene Acupuncture and Integrative Medicine. Although I am aware that acupuncture and other procedures used in Oriental Medicine have helped millions of people, I understand that Serene Acupuncture and Integrative Medicine and my professional practitioner(s) do not provide nor imply any guarantee for cure or improvement in my condition.

I understand and have been informed that there are some risks inherent in the practice of Oriental Medicine, as in the practice of allopathic medicine. I understand that these risks include, but are not limited to: bleeding, bruising, pneumothorax (lung puncture), pain or other strong sensations at the location of a needle insertion or radiating from such location, nerve pain, burns and aggravation of current symptoms. I understand that although these risks are unlikely to occur, they are possible. I do not expect the practitioner to be able to anticipate nor explain all risks and complications. I understand and desire to receive such treatment, relying on my professional practitioner(s) to exercise judgment during the course of my treatment, which is based on the facts known to be in my interests.

I further understand that Serene Acupuncture and Integrative Medicine and my practitioner(s) maintain all medical and confidential information in accordance with HIPPA requirements and applicable laws.

I have read, or have had read to me, the above information. I hereby consent and by signing below I agree to the abovenamed procedures. It is my intent that this consent form considers the entire course of treatment for my present condition(s) and any future condition(s) for which I seek treatment by the Acupuncture Physician and Serene Acupuncture and Integrative Medicine.

Patient Signature: _____

Date: _____

Legal Guardian's Signature: _____

Date: _____