



Consent Form for Traditional Methods

Information for Patients:

Your treatment may include one or more of the following practices:

- Acupuncture:** Insertion of gentle sterilized needles through the skin into underlying tissues of specific points on the body. **Electric stimulation** may also be used.
- Cupping:** A technique to relieve pain symptoms in which suction cups made of glass are put on the skin using a vacuum created by heat.
- Gua Sha:** Painless scraping on the body with a blunt, round instrument to release metabolic waste.
- Moxibustion:** Burning of an herb called Mugwort above the body over acu-points.
- Tui Na:** Traditional massage techniques.
- Herbal Medicine:** May be prescribed in the form of pills, powder, extracts, teas, concentrates or plasters.
- Dietary therapy:** Based on traditional Chinese medical theory.
- Oils/ Liniments:** used for massage, aromatherapy or medicinal purposes.

Purpose of Treatment: The purpose of treatment is to provide a health care service that is based on a traditional Chinese system of medical theory. Diagnosis and treatment based on these theories are used to promote health and to treat organic and functional disorders.

Benefits of Treatment: Relief of presenting symptoms and improved balance of bodily energies which may lead to prevention or elimination of the presenting problem, and strengthening of the patient's constitution. Of course, the practitioner cannot guarantee the outcome of any course of treatment.

Risks of Treatment: Traditional Chinese medical practices have been shown to be relatively safe. However, there are some uncommon but potential risks. These potential risks may include:

1. Discomfort during the insertion of a needle.
2. Dizziness or fainting.
3. Localized, minor bruising or swelling, temporary discoloration of the skin.
4. Minor burns with the usage of some types of moxa.
5. Possible temporary aggravation of symptoms that existed prior to treatment.
6. A broken needle (very rare with the use of disposable needles).
7. Infection (very rare with the use of disposable needles).
8. Gastro-intestinal upset with the use of Chinese herbs. (If this should occur, then please notify your practitioner).

Cancellation Policy: Lauren O. Buckley Acupuncture, LLC, requires a **24 hour notice of cancellation**. We reserve the right to charge the **regular fee** for that appointment to patients who cancel their scheduled appointment on the same day or do not show up for the appointment.

*****Special Situations:** Some herbs and acupuncture points are contraindicative under certain situations. *Please notify your practitioner, PRIOR TO TREATMENT, if you are or might be PREGNANT, if you have SEVERE BLEEDING DISORDERS, or if you are wearing a PACEMAKER or OTHER ELECTRONIC MEDICAL DEVICES. ****

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Consent Section:

I _____ request and consent to the performance of acupuncture and other traditional Chinese medical practices. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature on this form indicates that I have read and comprehend the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask the treating practitioner. I understand that 24 – hour cancellation policy and that if I should miss an appointment without calling, that I am liable for that appointment by paying the practitioner an \$80.00 fee.

I _____ release Lauren O. Buckley Acupuncture, LLC and its practitioners from any and all liability that may occur in connection with the above-mentioned procedures.

Patient Name (Please print)

Patient Signature

Guardian Signature:

Date Signed:
