

INFORMED CONSENT
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Acupuncture is a technique whereby sterile, stainless steel, disposable needles are inserted into specific locations on the surface of the body. Acupuncture has been shown to offer many health benefits including the alleviation of a variety of symptoms, the improvement of overall energy levels, the relief of pain, the creation of a sense of overall well-being, an improvement in sleep patterns, and the enhancement of illness prevention. In short, acupuncture works by harnessing the body's innate healing abilities.

In light of all these advantages, there are some potential risks. These risks include possible pain, infection, bleeding or bruising at the site of insertion, and, in rare cases, the worsening of symptoms, which is usually temporary. Generally, acupuncture is a very pleasing and relaxing experience and side effects are rare. In some instances, however, a client may experience dizziness, nausea, fatigue, faintness, shortness of breath, a cold sweat, tingling or numbness.

By signing this form, I acknowledge that I have been apprised of both the benefits and the potential risks of acupuncture treatment. I also acknowledge that these treatments are not meant to replace standard medical care from my private physician. I understand that I am strongly encouraged to seek the advice and counsel of my personal physician prior to embarking upon treatment. By following this protocol, I can provide my acupuncturist with the medical information necessary to achieve the greatest benefits and results from my treatments.

Patient/Guardian Signature

Date

Print Name Here