**QiBo Acupuncture Treatment Consent Form**

***Primary Care and Medical Records:*** Acupuncturists (L.Ac.) practicing in the State of California are primary care providers. I strongly recommend that all patients have a designated primary care physician. All patients must provide medical records from a primary care provider upon request.

***Acupuncture & Moxibustion:*** Acupuncture is performed by the insertion of filiform needles through the skin and/or the application of heat to the skin at points on or near the surface of the body to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body’s physiological functions. There may be occasional adverse side effects/reactions, these include but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, the possible aggravation of symptoms existing prior to the acupuncture treatment, and very rarely lung puncture (pneumothorax).

***Direct Moxibustion:*** With this therapy, there is a risk of burning or scarring.

***Cupping/Gua Sha:*** With this therapy, there is a risk of abrasion and/or bruising.

***Electro-Acupuncture:*** This therapy may be administered in conjunction with acupuncture. There may be certain adverse side effects such as: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to the treatment.

***Chinese Herbs:*** Chinese herbs and substances may be recommended to treat bodily dysfunction or diseases or to modify or prevent pain perception and to normalize the body’s physiological functions. The patient must follow directions in regards to administration and dosage. There may be occasional adverse side effects such as: change in bowel movement, abdominal pain or discomfort, and possible aggravation of symptoms existing prior to the treatment. *With any problems associated with these substances, patients should suspend taking the herbs and contact QiBo Acupuncture as soon as possible.*

***Acupressure & Massage:*** This is used to modify or prevent pain perception and to normalize the body’s physiological functions. There may be certain adverse side effects such as: muscle soreness or achiness and the possible aggravation of symptoms existing prior to the treatment.

***Financial Agreement:*** I hereby agree that in consideration for services rendered by QiBo Acupuncture, I shall make prompt payments to my QiBo Acupuncture account as bills are presented. I understand that I am fully responsible for all charges, whether or not they are covered by insurance. I agree to pay interest at the legal rate should my account become delinquent. If it becomes necessary for my account to be referred to a collection agency, I agree to pay for all costs and expenses, including attorney fees, plus a $75.00 collection fee in addition to my balance owed. I further understand that there is a $75.00 charge for every appointment cancelled less than 24 hours or no-show, and $30.00 charge for each non-sufficient funds check.

All the above information has been explained to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I have had my questions answered.

* I consent to treatment with acupuncture and Oriental medicine
* I understand that there are no guarantees concerning treatment. I understand that there may be other treatment alternatives, including treatment that might be offered by a licensed physician.
* I understand that I am free to refuse or stop treatment at any time.
* I understand that this document will be a part of my permanent file.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Signature of patient, parent or guardian (legal relationship) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/­­­­\_\_\_\_\_\_\_

Printed Name Date of Birth