HealthFocus Acupuncture and Oriental Medicine
5030 Sadler Place, Suite 202 • Glen Allen, VA 23060 • (804) 467-1355

INFORMED CONSENT TO ORIENTAL MEDICINE TREATMENT

I hereby request and give consent for myself (or the patient named below for whom I am legally responsible) to be treated by Diane Lowry, a licensed acupuncturist at HealthFocus Acupuncture and Oriental Medicine. I understand that the methods of treatment used in this practice may include, but are not limited to, acupuncture, electrical stimulation, moxibustion, heat or cold therapy, gua sha, cupping, medical qigong, tuina, herbal therapy, dietary supplements, and healthy lifestyle recommendations.

Acupuncture and Oriental Medicine
I understand that the practice of Acupuncture and Oriental Medicine is typically a safe treatment. However, as in the practice of conventional Western medicine, there are some risks to treatment. Potential risks include, but are not limited to, local bruising, swelling, minor bleeding, pain, or discomfort at the needling site that may last a few days. Other uncommon but possible risks include dizziness, fainting, or nerve damage. Potential risks of moxibustion or heat therapy include burns, blistering, or scarring. Temporary redness or bruising that resolves within a few days is a common side effect of gua sha and cupping.

HealthFocus Acupuncture and Oriental Medicine maintains a clean and safe environment. We adhere to a strict hand-washing policy, provide clean table linens for each treatment, swab each acupuncture point with alcohol prior to insertion of the needle, and use only sterile disposable stainless steel needles.

Pregnancy
I will notify the acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that are contraindicated during pregnancy. Otherwise, Oriental Medicine treatment can be very beneficial in the pregnancy and birthing process.

Herbal Therapy and Dietary Supplements
I understand that herbal and dietary supplements recommended to me by my acupuncturist are safe in the recommended doses. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. Large doses of herbs taken without my practitioner's recommendation may be toxic and some herbs are inappropriate during pregnancy. I am aware that certain adverse side effects may result from taking these substances. Side effects could include, but are not limited to, changes in bowel movement, abdominal pain or discomfort, nausea, vomiting, or the possible aggravation of symptoms existing prior to treatment. I understand that I must stop taking any herbal or dietary supplements and notify my acupuncturist as soon as I experience any discomfort or adverse reactions. I have informed my practitioner of all substances to which I have had allergic reactions.

In the event of a medical emergency, call 911 immediately.

I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures and conditions of treatment. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise her judgment in my best interest during the course of treatment, based upon the facts then known. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment at HealthFocus Acupuncture and Oriental Medicine.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out at this practice.

______________________________	______________________________
Patient's Name (please print)	Patient's Signature
Print Name of Patient's Representative (if applicable)	Signature of Patient's Representative (if applicable)
Relationship or Authority of Patient's Representative	Date Signed