



OLSON ACUPUNCTURE GROUP
Acupuncture Informed Consent Form

Acupuncture is performed by the insertion of pre-sterilized, disposable needles through the skin, and/or the application of heat or electrical stimulation to the skin, at certain points on the body. Although rare, certain side effects may result from acupuncture. Please read the following statements and sign once you feel you understand that each procedure or treatment may have specific risks and side effects.

Procedures and products that may apply to my treatment:

- Acupuncture needles
- Electrical stimulation of acupuncture needles
- Cupping
- Acupressure
- Tuina
- Chinese Herbal Formulations
- Whole Food Supplementation
- Therapeutic Dietary Analysis

Potential risks and side effects of acupuncture and Oriental medical procedures:

- Minor bruising
- Possible pain at the site of insertion
- Needle sickness (for those with extreme sensitivity to needles)
- Bending or breaking of needles
- Infection, and the risk of needling in the vicinity of an infection

The benefits and risks of receiving acupuncture and Oriental medicine treatments have been explained to me.

I understand that a \$60 fee may be charged with cancellations under a 24-hour notice.

Patient's signature _____ **Date** _____

*** Consent To Treat a Minor Child ***

I authorize the acupuncturist and/or whomever they designate as assistants to administer acupuncture care as deemed necessary to my _____ (relationship).

Patient's Name _____

Adult's signature _____ Date _____

***** Due to chemical sensitivity of our patients, please try to refrain from wearing perfume or scented fabrics. Fabric softeners and dryer sheets are particularly toxic.**