

## Consent for Traditional Chinese Medical Treatment

I, \_\_\_\_\_, voluntarily submit to be treated with Traditional Chinese Medicine by Amelia Zahm, Licensed Acupuncturist and Diplomat of Acupuncture and Chinese Herbology.

I understand that the Acupuncture will be performed by the insertion of sterile, disposable needles through the skin at certain points on my body and may include the application of heat or electrical stimulus. I understand this treatment is intended to improve body function and/or relieve pain. I understand that Chinese herbal medicine and massage therapy may be used, as appropriate within the Licensed Acupuncturist's discretion and scope of practice.

I have been informed that, although rare, certain side effects may result from my acupuncture treatment. These could include, but are not limited to, some localized bruising, bleeding, fainting, minor pain or discomfort and temporary aggravation of pre-existing conditions.

I accept that no guarantee is made concerning the results of my acupuncture treatment, and I have been informed that I may stop treatment at any time. I will communicate my reasons for discontinuing treatment with the acupuncturist.

None of the foregoing provisions shall prevent the administration to me of more conventional medical treatment by a licensed physician when in his or her discretion such treatment is deemed appropriate.

I will continue to dialog with the acupuncturist, raising any questions or concerns I may have, so that I will maximize the benefits of my health care.

I have read the above consent and understand the content.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
or Guardian