

## PATIENT ADVISORY TO CONSULT A PHYSICIAN

To comply with Article 60, Section 8211.1(b) of NYS Education Law, we request that you read and sign the following statement:

We, the undersigned, do affirm that \_\_\_\_\_ (patient) has been advised by Bruce Xu, L.Ac., M.S. (licensed acupuncturist) to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Acupuncturist Signature

\_\_\_\_\_  
Date

## INFORMED CONSENT TO ACUPUNCTURE TREATMENT

I consent to acupuncture treatments and other procedures associated with Traditional Oriental Medicine by the Licensed Acupuncturist named below. I have discussed the nature and purpose of my treatment with this person.

I understand that methods may include, but are not limited to: acupuncture, heat lamp, moxabustion, cupping, electrical stimulation and Tui Na (Chinese massage).

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near to the needle sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping and redness of skin may occur when heat lamp is used. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this clinic uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxabustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal and mineral sources), which may be recommended, are traditionally considered safe, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, diarrhea, rashes, hives and tingling of the tongue. I will notify my practitioner of any unanticipated or unpleasant side effects associated with the consumption of herbs.

I will notify my practitioner if I become pregnant.

I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of the treatment, and I wish to rely on my practitioner to exercise judgment during the course of treatment, which the practitioner thinks is in my best interests, based upon the facts then known to him/her.

By voluntarily signing below, I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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.

\_\_\_\_\_  
Patient Name (Print)

Bruce Xu, L.Ac., M.S.

\_\_\_\_\_  
Licensed Acupuncturist Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Licensed Acupuncturist Signature

\_\_\_\_\_  
Date Consent Completed