ROCKY MOUNTAIN
NATURAL
MEDICINE

Dr. Sarah Kashdan ND, LAc.

1030 Centre Ave Suite B •Fort Collins, CO 80526
Phone: 970-237-1062 •www.fortcollins-naturalmedicine.com

Informed Consent For Acupuncture Treatment

Please sign this form if you intend to receive acupuncture at any point while under Dr. Kashdan's care.

A signature is required to receive acupuncture, moxibustion, cupping, tui na (Chinese massage), and Chinese herbal medicine.

I hereby request and consent to the performance of acupuncture treatments and other East Asian Medicine procedures on me (or on the patient named below, for whom I am legally responsible) by a licensed acupuncturist.

I understand the methods of treatment may include but are not limited to: acupuncture, moxibustion, cupping, tui na (Chinese massage), and Chinese herbal medicine. I have been informed that acupuncture is a generally safe method of treatment, but, as with all types of healthcare interventions, there are some risks to care, including, but not limited to: bruising; numbness or tingling near the needling sites that may last a few days; and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps.

Unusual risks of acupuncture include miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that 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 orally ingested or topical herbs are nausea, gas, stomachache, vomiting, diarrhea, rashes, hives and tingling of the tongue. I will notify the acupuncturist who is caring for me if I am or become pregnant.

ROCKY MOUNTAIN
NATURAL
MEDICINE

Dr. Sarah Kashdan ND, LAc.

1030 Centre Ave Suite B •Fort Collins, CO 80526
Phone: 970-237-1062 •www.fortcollins-naturalmedicine.com

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise judgment during the course of the procedure which the acupuncturist feels, based on the facts then known, is in my best interests.

I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I have read, or have read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. 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 or Person with Authority to Consent:

Name: _____ Date: _____

Signature: _____