

Spirit Mountain Healing Arts Center,

***INFORMED CONSENT FOR ACUPUNCTURE, ORIENTAL MEDICAL
TREATMENT AND QUANTUM BIOFEEDBACK/SCIO TREATMENTS***

I hereby request and consent to the performance of acupuncture treatments, Oriental Medicine Procedures and Biofeedback, including various modes of physiotherapy on me (or on the patient named below, for whom I am legally responsible) by Nelly L Yefet, A.P., a licensed acupuncture physician.

I understand that methods of treatments may include, but are not limited to, acupuncture, acupressure, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese Massage), Chinese or Western herbal preparations and/or homeopathic remedies, biofeedback, nutritional and life style counseling.

Acupuncture has the effect to normalize physiological function, modify the perception of pain, treat diseases or dysfunctions of the system by balancing the body and mind.

I have been informed that acupuncture and/or cupping is a generally safe method of treatment, but that it might have some side effects, including bruising, numbness or tingling near the needling sites that may last a day or two, slight dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture. Infection is another possible risk, however in this clinic we use only sterilized disposable needles and maintain a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. The herbs and nutritional supplements (which are derived from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in large dosages. I understand that some herbs and supplements may be inappropriate during pregnancy. Some possible side effects from herbal preparations and supplements are nausea, gas and bloating, stomachache, vomiting, headaches, diarrhea and/or constipation, rashes, hives, and tingling of the tongue. If I experience any gastro-intestinal upset or allergic reaction to herbal or nutritional supplements I will discontinue their use and inform the acupuncturist immediately.

I will notify Nelly Yefet, A.P. a licensed acupuncture physician if I am or think I am pregnant and if pregnancy is planned.

I do not expect the clinical staff to be able to explain or anticipate all possible risks and complications or treatment course. I will rely on the acupuncture physician to exercise judgment during the course of treatment based on the facts presented, experience and the best interest of my well being. I understand that results are not guaranteed.

I understand the acupuncturist, clinical staff and/or administrative personnel may review my patient records and lab reports, but all my records will be kept confidential as dictated by law and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent form to treatment, and I have been informed about the risks and benefits of acupuncture and other Oriental Medical Procedures, and I have had the opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition, future conditions and maintenance treatments. There is no warranty or guarantee implied as to treatment outcomes.

Patient Name: _____ Date: _____
Please Print

Patient Signature: _____

Are you or do you think you are pregnant? YES NO (Please circle)

To be completed if patient is a minor or is physically or legally incapacitated.

Name of patient's Representative: _____

Relationship or Authority of Patient: _____

Office Signature: _____ Date: _____