

**Kathy Nordgren
Licensed Acupuncturist**

Consent Form for Acupuncture

I hereby authorize Kathy Nordgren, L.Ac. to perform procedures as necessary to facilitate diagnosis and treatment of (print patient's name): _____

Treatment may include:

- **Acupuncture:** insertion of special sterilized needles through the skin into underlying tissues at specific points on the surface of the body.
- **Cupping:** a technique to relieve symptoms in which cups made of glass or other materials are placed on the skin with a vacuum created by heat or other device.
- **Dermal friction (Gua Sha):** rubbing on an area of the body with a blunt, round instrument.
- **Dietary advice:** based on traditional Chinese medical theory.
- **Electrical, mechanical, or magnetic devices** to stimulate acupuncture points and meridians.
- **Infra-red therapy:** radiant heating using electricity.
- **Moxa/moxibustion:** direct/indirect burning of herbs/herbal blends on an acupoint/meridian using stick, string, cone, or ball moxa.
- **Sonopuncture:** the use of sound vibrations, instead of needles, on acupoints.
- **Tuina:** Chinese massage used to treat a wide variety of common disharmonies.

Purpose of Treatment: The purpose of the treatment is to resolve your complaint(s), i.e., the reason(s) that you are seeking treatment. Acupuncture is a health care service that is based on an Oriental system of medical theory. Diagnosis and treatment based on these and Western medical theories are used to promote health and treat organic or functional disorders.

Benefit of Treatment: Acupuncture and Oriental Medicine procedures have been used effectively to treat disease for thousands of years. Acupuncture provides drugless relief of presenting symptoms and improved body function, which may lead to prevention or elimination of the presenting problem and strengthening of the body's constitution. Of course, Kathy Nordgren, L.Ac. cannot guarantee the outcome of any course of treatment.

Risks of Treatment: Acupuncture has been shown to be very safe. However, there are some uncommon but potential risks. These potential risks may include but are not limited to:

- Discomfort during and after the insertion of a needle
- "Needle sickness" (dizziness, fainting, nausea)
- Localized bruising or swelling from needles or cupping
- Burns or blisters with the use of moxa
- Possible, temporary aggravation of symptoms that existed prior to treatment
- Broken needle
- Infection (rare with the use of disposable needles)

Unforeseen Risks: Kathy Nordgren, L.Ac. is unable to anticipate or explain all risks and complications that may occur during or after a treatment. Kathy Nordgren, L.Ac. will exercise judgment based upon her determination of your best interests.

Special Situations: You must inform Kathy Nordgren, L.Ac. if you have severe bleeding disorders or if you are wearing a pacemaker or other electronic medical device.

Notice to Female Patients: Please notify Kathy Nordgren, L.Ac. if you are or might be pregnant. Some acupuncture points are contra-indicated during pregnancy. Kathy will not use intentionally labor-stimulating points unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing, recommending, or requesting such a treatment.

Use of Disposable Needles: To reduce the possibility of infection from acupuncture, all needles used are pre-sterilized, one-time-use (disposable) needles made of surgical stainless steel. After each treatment they are disposed of as medical waste. Needles are never reused. Additionally, Kathy Nordgren, L.Ac. has training in Clean Needle Technique and Universal Precautions.

Confidentiality of Medical Records: I understand a record will be kept of health services provided to the patient. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or if it is required by law. I understand that I may look at my medical record and my request a copy of it in writing, and receive a copy of it by paying the appropriate fee. I understand that the patient's record might be kept for not more than ten years after the last date of treatment.

Requirement of Washington State Law: RCW 18.06.140 "Consultation and referral to other health care practitioners." "When the acupuncturist sees patients with potentially serious disorders such as cardiac conditions, acute abdominal symptoms, and such other conditions the acupuncturist shall immediately request a consultation or recent written diagnosis from a physician licensed under chapter 18.17 [MD] or 18.57 [DO] RCW. In the event that the patient with the disorder refuses to authorize such consultation or provide a recent diagnosis from such a physician, acupuncture treatment shall not be continued."

I request and consent to the performance of acupuncture and other procedures for purposes of diagnosis and treatment. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature on this form indicates that I have read and understand the preceding information regarding my treatment, including potential risks and benefits as described above. I understand that if I have any questions about this information, I will ask Kathy Nordgren, L.Ac. I hereby release Kathy Nordgren, L.Ac. from any and all liability that may occur in connection with the above mentioned procedures and treatments, except for failure to perform them with appropriate medical care.

Signature of Patient

Date

Signature of Patient's Representative or Legal Guardian

Date