

WellPoint Healing Center

CONSENT TO TREAT FORM

I (or the patient named below for whom I am legally responsible) hereby voluntarily request and consent to be treated by a Licensed Acupuncturist at WellPoint Healing Center. I understand that treatments may include, but are not limited to, Acupuncture, Chinese Herbal Medicine, electrical stimulation, bloodletting, and various non-insertive techniques based on Asian medicine such as acupressure, cupping, Gua Sha, moxabustion or other warming treatment. I understand that adjunctive techniques such as pressballs, presstacks, magnets, or energy work may be used. I understand that I may be given lifestyle, dietary, and/or herbal supplement advice, and that it is my decision whether or not to follow these recommendations.

Acupuncture attempts to normalize physiological functions, to modify the perception of pain, and to treat certain diseases of dysfunction in the body. I understand that although Acupuncture is a very safe method of treatment, it does carry certain risks, including pneumothorax, burns, or temporary pain and discomfort. These risks are very uncommon when acupuncture is performed by a licensed practitioner. Occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been very rare instances reported of dizziness, fainting, nausea, infection, and scarring. The risk of fainting, light-headedness, or nausea is increased with an empty stomach or alcohol/drug use prior to treatment. I understand that acupuncture does not cause heart attacks, strokes, or other serious events. There may be some bruising and transient red papules after cupping or Gua Sha, which may last up to 7 days. I wish to rely on the Acupuncturist to exercise judgment during the course of treatment to employ procedures which the Acupuncturist feels at that time, based on the facts then known, are in my best interest.

The herbs (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand the same herbs may be inappropriate during pregnancy and will inform my practitioner immediately if I become pregnant. If I experience any gastrointestinal reactions to the herbs I will inform the Acupuncturist immediately.

I understand that acupuncturists practicing in the state of MA are not primary care providers and that regular primary care visits by a licensed physician are recommended. I am advised to continue all medications and treatments as prescribed until such time my physician deems it appropriate to reduce or discontinue. I certify that I have informed acupuncturist Sarah Babcock of all known physical, mental, and medical conditions and medications, and that I will notify her of any changes.

I have been informed that I have the right to refuse any form of treatment. I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its consent, 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 conditions for which I seek treatment.

I hereby acknowledge that I have been advised of the benefits and risks of acupuncture. I release the acupuncturist at WellPoint Healing Center from all legal responsibility for practices done here except in the case of negligence or unsafe practice on the part of said acupuncturist. I understand that there are no guarantees concerning its use and effects, and that I am free to stop treatment at any time.

Patient Signature _____ Date _____