

Jennifer French, L.Ac.
Informed Consent to Treatment

By signing below, I do hereby voluntarily consent to be treated with acupuncture, Chinese herbs and Oriental medicine by licensed acupuncturist Jennifer French.

Acupressure/Tui-Na Massage: I understand that I may be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment at any time.

Acupuncture/Moxibustion/Cupping: I understand that acupuncture is performed by the insertion of needles through the skin and moxibustion is performed by the application of heat to the skin at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, numbness or tingling, dizziness or fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. Bruising is a common side effect of cupping. Burns and/or scarring are a potential risk of moxibustion. I understand that no guarantees concerning these procedures are given to me and that I am free to stop these treatments at any time. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

Chinese Herbs: I understand that herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended to me are for the treatment of bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: abdominal pain or discomfort, nausea, gas, stomachache, vomiting, headache, diarrhea or constipation, rashes and the possible aggravation of symptoms existing prior to herbal treatment. I understand that some herbs may be inappropriate during pregnancy. *Should I experience any problems, which I associate with these substances, I should suspend taking them and call Jennifer French as soon as possible.*

Pregnancy: I will notify the Jennifer French treating me if I am or I become pregnant.

I do not expect Jennifer French staff to be able to anticipate and explain all possible risks and complications of treatment. I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I understand that the medical and administrative staff may review my medical records and lab reports, but my records will be kept confidential and will not be released without my written consent (unless in an Emergency or by legal Demand). I give my permission and consent to treatment.

Legal Guardian Signature: _____ **Date:** _____

Guardian Printed Name: _____

Patient Printed Name: _____ **Patient Date of Birth:** _____