



## Patient Informed Consent for Acupuncture Treatment

**Treatment:** The scope of practice for an acupuncturist in the State of Washington includes but is not limited to the following techniques. Feel free to ask questions regarding any of these procedures.

**Acupuncture:** The insertion of special sterilized, disposable needles through the skin into the underlying tissues at specific point on the surface of the body.

**Moxabustion (Moxa):** The burning of prepared herbs on or near the body to warm, strengthen and relieve symptoms. Moxa comes in several forms such as stick, string, ball, cone or rice grain.

**Cupping:** A technique used to relieve symptoms by applying cups made of glass to the skin with a vacuum created by heat or other devices.

**Electro Acupuncture:** The use of very low electrical current applied to specific acupuncture points.

**Acupressure:** A technique of Chinese medical pressure based on acupuncture theory, used for a variety of common disorders.

**Gua Sha:** Rubbing on an area of the body with a blunt, round instrument.

**Plum Blossom or Seven Star Hammer:** A light tapping of an area of the body with a small sterile, disposable hammer which has seven points.

**Dietary Advice:** Food and herbal advice guided by traditional Chinese medical theory.

**Purpose of Treatment:** The purpose of your treatment is to resolve your complaint, i.e., the reason you are seeking treatment. Acupuncture is a comprehensive health care system that is based on Oriental medicine theory and practices. Diagnosis and treatment based on these theories and practices are used to promote health.

**Potential Benefits:** Potential benefits from the above procedures can lead to: relief of the presenting symptoms, the rebalancing of internal systems so as to lead to the elimination and/or prevention of the main complaint, reduction of stress, and an awareness of dietary and life-style changes in order to maximize health and well-being. Many conditions may be alleviated very rapidly; others, especially those, which have developed and/or existed over the course of many years, may be relieved only through a slow and steady treatment protocol.

**Risks of Treatment:** Acupuncture has been shown to be relatively safe. However there are some uncommon but potential risks, including:

- Discomfort during and after needle insertion
- Needle sickness” (dizziness, fainting, nausea after insertion of needles)
- Localized, minor bruising or swelling
- Minor burns with the use of moxa
- Possible aggravation of symptoms that existed prior to treatment
- Broken needle (rare with the use of disposable needles)
- Infection (rare with the use of disposable needles)

Some acupuncture points are contra-indicated during pregnancy. Please inform Farshad Ansari if you are or might be pregnant. In addition, patients with severe bleeding disorders or pacemakers should inform Farshad Ansari prior to treatment.

**Use of Disposable Needles:** To reduce the possibility of infection, all needles used are pre-sterilized, one-time use needles made of surgical stainless steel. After each treatment, needles are disposed of as medical waste. Needles are never reused.

**Confidentiality of Medical Records:** All medical records will be kept confidential as provided by law. Your medical records will not be release to anyone without your written consent. Your privacy will be protected.

**Requirement of Washington State Law:** Washington State Law does not permit acupuncturists to treat the following disorders without the consultation of a medical doctor:

- Cardiac conditions including uncontrolled hypertension
- Acute abdominal symptoms
- Acute undiagnosed neurological changes
- Unexplained weight loss in excess of 15% of body weight within a 3 month period
- Suspected bone fracture or dislocation
- Suspected systemic infection
- Any serious undiagnosed hemorrhagic disorder
- Acute respiratory distress without previous history or diagnosis

**Patient Consent:** I voluntarily consent to the above treatment procedures, realizing that no guarantees have been given to me regarding the resolution or improvement of my condition. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. My signature on this form indicates that I have read and understand the preceding information. If I have any questions

about this information or about my treatment, I will ask Farshad Ansari, LAC. I hereby release Farshad Ansari, LAC from any and all liability that may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care.

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Patient Signature

\_\_\_\_\_  
Date

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Signature of Person Authorized to Consent

\_\_\_\_\_  
Date

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Farshad Ansari, LAC

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