



ACUPUNCTURE, CUPPING, & MOXIBUSTION THERAPIES CONSENT

Acupuncture, cupping, and moxibustion are all Chinese Medicine therapies:

- **Acupuncture:** includes the insertion of sterile disposable needles at points on the body indicated by the methods of diagnosis. Heat lamps and/or mild electric stimulation may be applied to the needles during acupuncture treatment.
- **Cupping:** a suction therapy applied to the skin may be used to stimulate tissue stagnation.
- **Moxibustion:** a procedure using a burning herb to warm specific points may also be applied.

I understand that Chinese Medicine therapies in the state of Arizona are not considered a primary health care modality. I understand that seeing a healthcare practitioner for Chinese Medicine therapies at Sonoran University Medical Center, Neil Riordan Center for Regenerative Medicine and/or Sonoran University Community Clinics does not replace seeing my primary care physician. I understand that, if I am referred by my primary care physician for Chinese Medicine therapy, I will return to my primary care physician for follow-up as needed. If my healthcare practitioner is a naturopathic doctor, they may also act at my request as my primary care physician, who is also licensed to perform Chinese Medicine therapies.

Implanted electronic device or skin condition that may contraindicate acupuncture treatment therapy.

Benefits:

I understand that I will be receiving Chinese Medicine therapies for the treatment of my health condition. I understand that the potential benefits of Chinese Medicine therapies include drugless relief of my symptoms and an improved state of health.

Risks

- Pain at site of needle insertion
- Local bruising
- Fainting or dizziness
- Broken needles
- Local infection
- Collapsed lung (if needling near the lungs)
- Spontaneous miscarriage

Alternatives to Chinese Medicine Therapies

There are reasonable alternatives to Chinese Medicine therapies including self-administered over-the-counter analgesics, prescription drugs such as anti-inflammatories, muscle relaxants and painkillers, rest, hospitalization, and surgery. These alternatives have been reviewed with me by my provider. I confirm that I have read this Consent Form and have had my questions answered about potential benefits, risks and alternatives to my satisfaction and consent to treatment.

PATIENT NAME (printed)

SIGNATURE: Patient or legally authorized individual

DATE:

PRINT NAME: Patient or legally authorized individual

RELATIONSHIP: (self, parent, legal guardian, personal representative, etc.)