

Consent for Acupuncture, Cupping and Moxibustion 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 the acupuncture treatment.

Moxibustion: a procedure using a burning herb to warm specific points may also be applied.

Cupping: a suction therapy applied to the skin may be used to stimulate tissue stagnation.

Acupuncture, moxibustion and cupping are all Oriental Medicine therapies.

I understand that Oriental Medicine therapies in the state of Arizona are not a primary health care modality. I understand that seeing an acupuncturist for Oriental Medicine therapies at SCNM Medical Center does not replace seeing my primary care physician. I understand that, if I am referred by my primary care physician for Oriental Medicine therapy, I will return to my primary care physician for follow-up as needed. If my practitioner is a naturopathic doctor, they may act, at my request, as my primary care physician who is also licensed to perform Oriental Medicine therapies.

I will inform my practitioner if I am pregnant, have a cardiac pacemaker or other implanted electronic device or skin condition that may contraindicate acupuncture as a treatment therapy.

The Benefits:

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

The Risks

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

Alternatives to Oriental Medicine Therapies

There are reasonable alternatives to Oriental Medicine therapies including self-administered over-the-counter analgesics, rest, prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers, hospitalization and surgery. These alternatives have been reviewed with me by my provider.

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.

Signature

Date

Printed Name

Relationship (self, parent, legal guardian, personal representative, etc.)