

# Acupuncture Informed Consent

Healthy Balance Acupuncture, LLC  
94 Auburn St. Suite 106 Portland, ME 04103

I consent to acupuncture treatments and other procedures associated with the practice of traditional Oriental Medicine, which include acupuncture, moxibustion, cupping, electrical stimulation, and bodywork therapies, provided by Lisa A. Dulac, a licensed acupuncturist and Chinese herbalist.

I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) 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, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time. Other extremely rare risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture including lung puncture (pneumothorax).

I understand that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

I understand that herbs and nutritional supplements (from plant, animal, and mineral source) may be recommended and are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, diarrhea, rashes, hives and tingling of the tongue.

**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 give my permission and consent to treatment.**

Patient (Guardian or Patient Representative) Signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed Acupuncturist Signature \_\_\_\_\_ Date \_\_\_\_\_

(When form is complete: original to patient file, copy to patient)