White Crane
Community Acupuncture

Informed Consent for Meditative Acupuncture

I hereby request and consent to the performance of acupuncture during meditation by James A Sears. Treatments will include needling of 4-8 acupuncture points and will be strictly based on general health and relaxation. I understand that this will not be a custom treatment, and, if I have any medical issues that I would like specifically addressed, I must visit White Crane Community Acupuncture or another medical provider at another time.

I have been informed that acupuncture is generally a very safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling at the needle sites that may last a few days, dizziness, or fainting. Bruising is not uncommon and, rarely, bruises may be large. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, or infection, although the clinic uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

I will notify the acupuncturist if I am or become pregnant or any other relevant health issues.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest.

I understand that acupuncture is not a substitute for medical diagnosis and treatment.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions.

_____

Patient Signature Date (relation to patient if not self)

_____

Office Signature Date