

Consent for Treatment

I _____, hereby authorize **Stepping Stone Acupuncture/Adrienne Suess L.Ac, Dipl. Ac** to perform procedures within the scope of practice as necessary to facilitate my diagnosis and treatment. Those procedures may include:

- **Acupuncture:** special sterilized needles are inserted through the skin into underlying tissues at specific points (acupoints) on the body. Needles can be further manipulated with moxa, twisting, or electrostimulation.
- **Actutonics:** specialized tuning forks are placed over acupoints.
- **Cupping:** cups made of glass or other materials are placed on the skin then a vacuum is created by heat or suction.
- **Gua Sha:** a blunt, rounded-edge instrument is used to scrape an area of the body.
- **Herbs:** pills, powders, tinctures, pastes, plasters, or other forms such as raw herbs to be cooked may be given. Cooked herbs may be given to take internally or externally as a wash. Herbal formulas may include shell, mineral, and animal materials.
- **Moxa:** a stick, string, or ball is indirectly burned over an acupoint.
- **Tui Na:** an ancient massage form may be used.
- **Dietary Advice:** nutrition-based recommendations using traditional Chinese Medical Theory may be provided.
- **Life Style Advice:** exercises, stretches, relaxation techniques and other lifestyle recommendation based on traditional Chinese Medical Theory may be provided.

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: discomfort, pain, bleeding, bruising, infection, burn, or blistering at the site of the procedure; temporary discoloration of the skin; nausea, loose bowel movements, abdominal cramping; and/or aggravation of symptoms existing prior to the acupuncture treatment.

Potential benefits: relief of symptoms and improved balance of bodily energies, which may lead to prevention or elimination of the presenting problem and the strengthening of the constitution.

Notice to pregnant people:

- **Pregnant patients must alert the acupuncturist if they suspect or know they are pregnant.**

- Labor-stimulating acupuncture points are not used unless the treatment is specifically to induce labor. Treatment to induce labor requires a letter from a primary care provider authorizing or recommending the treatment.

I understand the following:

- A record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by me or my authorized representative, or if it is required or permitted by applicable law.
- I may look at my medical record by scheduling an appointment to do so and can request a photocopy of my medical record by paying the appropriate fee (call for the current amount).
- My medical record will be kept for a minimum of seven, but no more than ten years after the date of my last treatment.
- Information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. Specifically, anonymous information like age, sex, symptoms, and treatment including duration may be used for scholarly articles or coursework.
- Any questions I have will be answered by my practitioner to the best of his/her ability, and I am required to follow up if there is anything I don't understand.

Based on the information provided here, I voluntarily consent to the above procedures and I understand there are no guarantees by Stepping Stone Acupuncture/Adrienne Suess L.Ac regarding cure or improvement of my condition. I also understand that at any time I can withdraw my consent in order to discontinue further participation in any of these procedures.

Patient Name (PRINTED)

Patient DOB

Patient Signature

Today's date

Parent/Legal Guardian Name (PRINTED)

Relationship to Patient

Parent/Legal Guardian Signature