# Dr. Heidi Kao, DAOM, LAc
## Acupuncture and Chinese Medicine Healing Clinic

Consent for Treatment

I, the undersigned, understand that methods of treatment used here may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, massage, *qi gong* and nutritional counseling. I understand that acupuncture, moxibustion, electrical stimulation, cupping and pricking are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, fainting, or nerve damage. Infection is possible, although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment. Potential risks of moxibustion heat therapy are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and *gua sha*, or spooning.

I fully understand that there is no implied or stated guarantee of success of effectiveness of a specific treatment or series of treatments. I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Other wise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing processes.

Herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my acupuncturist's recommendation may be toxic and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that I must stop the herbs and notify my acupuncturist as soon as I experience any discomfort. I understand that my acupuncturist may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I can discuss risks and benefits further with my acupuncturist before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise their judgment in my best interest during the course of treatment, based upon the facts given.

This consent form is intended to cover all future treatments I receive from Heidi Kao, L.Ac.

Cancellation Policy

We ask that you provide 24 hours notice of a change or cancellation of an appointment. A charge will be applied to appointments that are not canceled, or are canceled less than 24 hours before the appointment.

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Name Signature Date