



Annie Acupuncture & Herbal Medicine

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Consent for Treatment

I, the undersigned, freely consent to treatments at **Annie Acupuncture and Herbal Medicine** by Hui Chen, the national certified and state licensed acupuncturist. I understand that methods of treatment may include acupuncture, electrical stimulation, moxibustion, TDP lamp, cupping, Chinese herb medicine (raw, granules and patent forms, etc.), acupressure, Chinese massage (Tui Na), psychological advice, Chinese food therapy, and nutritional counseling.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last for a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping.

I understand that the raw herbs may need to be prepared and the herbs may be an unpleasant smell or taste. Some possible side effects of taking herbs are nausea, stomachache, vomiting, allergic reactions, headache, diarrhea, rashes, hives, and tingling of the tongue.

If I use a pacemaker, have heart problems, have metal plates or rods in my body, have an infectious disease, I agree that I will inform the practitioner before beginning treatment. Some herbs and certain acupuncture points should not be used with pregnant females. If I am pregnant or suspect that I might be pregnant, I should notify the practitioner too.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment. I understand that results are not guaranteed. I accept that **Annie Acupuncture and Herbal Medicine** cannot be held liable for any intentional misrepresentations by myself.

I understand the acupuncturist may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I state that I have read the "Consent for treatment" form in its entirety and understand and accept the risks involved in treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Signature: _____

Date: _____