

Acupuncture Orientation and Consent Form

I, _____..._____: understand that acupuncture is performed by insertion of single-use sterile disposable needles. Needles with or without addition of electrical current, penetrate the skin and underlying tissues 0.39 to 1.31 inches. Needle insertion, either oblique or perpendicular, into designated acupuncture points restores the full and balanced flow of Qi [Yin or Yang 'Chee' energy] within and between meridians. State and Nationally certified acupuncturists insert between 3 to 10 needles into a combination of points along meridians known to correct symptoms of a blockage or insufficiency; i.e pain or stiffness.

The subtle inner side of the physical body is interconnects within the physical tissues and organs through ten major Chee channels [meridians] as well as eight extra-ordinary or directionally binding channels. However, whenever and wherever in the subtle side of the physical body an obstruction occurs in Chee flow, a corresponding weakness or insufficiency may occur in the counterpart outer physical tissues.

Acupuncture treatment as noted above does not profess or proclaim to be a cure for any medically defined pathology of the physical body as noted in Western medicine. However, normal physiological processes can be systematically evaluated for imbalances in Yin or Yang Chee energies. For about 150 years, acupuncture has been practiced in the Unites States. Acceptance of acupuncture treatment for meridian imbalance or obstruction leading to mental, emotional or physical symptoms was made popular after then President Nixon returned to the USA from China in the 1970's.

Acupuncture procedures are very safe. Mild side effects may occur in 1 in 10,000 treatments are noted as follows for your awareness:

- Drowsiness, weakness or nausea
- Minor bleeding
- Infrequent occurrences in very mild pain on needle insertion
- Regression symptoms: one that gets worse before getting better and this is a positive sign of change
- In any instance of the above cases, talk it over with your acupuncturists

Please answer if you have any of the following conditions and associated medications:

1-Bleeding disorder: hemophilia or excessive menstruation: Y___; N___

Medications: _____

2-Seizure [s]: Y----, N---- [2 or more seizures confirms epilepsy]

Medications: _____

3-Heart disease/surgery: Y___, N___: Type of surgery:_____

Medications: _____

4-High blood pressure or Diabetes [I or II]: Y____, N_____

Medications: _____

Having read and understand the above information, I consent to receiving acupuncture treatment. In the best interest to co-managing any desired health benefit, clients are encouraged to talk/or share health information with other primary care providers. I give my consent for my health record, when and if needed, to be transferred to Healing Hands Wellness LLC: Y _____, N _____.

Signature of Client [or Guardian of such: _____ : Date: _____

Print Name and Date of Birth in Full: _____ : DOB: _____