

Informed Consent to Oriental Medical Healthcare

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Pamela Gregg Flax and/or other acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for Pamela Gregg Flax, including those working at Full Well Acupuncture LLC, whether signatories to this form or not.

I understand that methods of treatments may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal, mineral and essential oil medicine, and nutritional and lifestyle counseling. I understand that the herbs may need to be prepared and the teas consumed according to instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

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 a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. 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.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in some doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is for my best treatment. I understand that the results are not guaranteed.

I understand that the clinical and potential administrative staff 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.

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

I also understand that Full Well Acupuncture LLC requires a minimum of 24 hours notice for an appointment change or cancellation, otherwise a service fee **equal** to the cost of the session will be charged.

Patient's name (please print)

Patient's Signature

Date

Legal Guardian's name (please print)

Legal Guardian's Signature

Pamela Gregg Flax, DOM, FABORM

Full Well Acupuncture LLC, 1114 Hickox Street, Suite G, Santa Fe, NM 87505 505.690.8048