

ACUPUNCTURE CONSENT FORM

Eugene Spence, Lic. Ac. Dipl. Ac.

1.) I do voluntarily consent to be treated by Eugene Spence, Lic. Ac. with Acupuncture and Oriental Medicine. I understand these treatments may include insertion of sterile needles, cupping, electrical stimulation, laser therapy, massage, herbal prescriptions and supplements and I am free to refuse any or all of these therapies or to discontinue treatments.

2.) I understand that although I am a licensed and Board Certified Acupuncturist I am not a Physician and will not treat conditions that are not within the scope of my practice. For those conditions I will recommend that you see a physician.

3.) I have been advised of the possible but infrequent side effects when receiving treatments. These include possible localized bruising, slight bleeding and fainting. Treatments may also increase symptoms temporarily in what is called a healing reaction. This reaction can be an important part of the healing process.

4.) I understand that as in all clinical settings there is a risk of infectious disease being transmitted through the air or exposure to contaminated surfaces. I also understand that Eugene Spence uses only sterile, disposable needles and uses nationally recognized Clean Needle Technique when inserting needles.

5.) I understand that if I know that I am pregnant or have missed periods I am required to inform Eugene Spence. If there is an established pregnancy the treatment plan will need to be adjusted. Also if there is a pacemaker or medical implant I understand that Eugene Spence will need to be informed.

6.) I understand that there will be a charge for any cancellation with any less than 24 hours notice for the full cost of the appointment.

7.) I understand that the "Classical Acupuncture" fee rates are \$135 for first time visits and \$100 for all follow up treatments. I also understand that there are no sliding scale charges.

I hereby acknowledge and agree to all of the points covered in the above consent form and all of my questions have been answered to my satisfaction.

Name of patient

Date

Signature of patient

Signature of parent or guardian if under 18