



Steven Koh L.Ac | 327 S. Coronado St. LA, CA, 90057
213-700-4603 | stevenkoh.lac@gmail.com | optimacupuncture.com

Informed Consent for Acupuncture Treatment

I hereby request and consent to the administering of acupuncture therapy and other Chinese Medicine modalities, including various forms of physiotherapy on me (or the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while working or associated with, or serving as a back-up for the acupuncturist named below, including those working at this or any other office, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping & gua sha, electrical stimulation, breathing techniques, massage therapy Tui-Na (Chinese massage), herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. I understand that I should stay still while treatment is occurring unless instructed otherwise. I understand bruising is a common side effect of manual therapy like cupping, gua sha, and tuina. Unlikely risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including pneumothorax. Infection is another possible outcome, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I fully understand that while this document outlines the major risks of treatment, other side effects and risks may occur that are out of the acupuncturist's control.

The herbs and nutritional supplements (which are derived from mineral, animal, and plant sources) that have been prescribed are traditionally deemed safe in the practice of Chinese medicine, although overdosing of specific herbs may be toxic. I acknowledge that some herbs may be inappropriate during pregnancy. Some possible adverse reactions of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue and throat.

I understand that the herbs need to be consumed based on the practitioners strict orders. I understand that some herbs may be unpalatable or have an unpleasant smell. I will immediately notify the practitioner of any adverse or unpleasant effects associated with the consumption of the herbs that were not anticipated. I will notify the acupuncturist who is caring for me if I am or become pregnant.

I do not expect the practitioner to be able to anticipate and explain all possible risks of treatment, and I wish to trust the judgement of the acupuncturist during the course of treatment. I fully acknowledge that results are not guaranteed.

By voluntarily signing below I show that I have read and understand this consent to treatment, have been told about the risks and benefits of acupuncture and acupuncture modalities, and have had an opportunity to ask questions. I designate this consent form to encompass the entire course of treatment for my current condition and for any future condition(s) for which I seek treatment.

Print Name of Patient

Print Name of Acupuncturist

Signature of Patient (or Representative)

Signature of Acupuncturist

(Print Name of Patient Representative)

(Print Name of Witness/Translator)

Consent Completed

(Signature of Witness/Translator)