



Consent to Treatment

I, _____, hereby authorize Robin Chapman, LicAc, or practitioner of Holden Acupuncture, to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of pre-sterilized acupuncture needles.
2. Heat treatment involving heat lamp. There is a risk of burn with any type of heat treatment.
3. Heat treatment involving moxabustion directly on or near the skin. There is a risk of burn or a small blister or scar.
4. Gwa sha or cupping treatment which may leave slight bruising, discoloration of the skin, and/or tenderness of treated area for 1-5 days after the treatment.
5. Electrical stimulation of the needles or attachment of ion pumping cords to the needles.
6. Bloodletting alone or in conjunction with cupping.
7. Nutritional counseling.
8. Chinese herbal medicine (patients seeing Robin Chapman only)

I agree to inform my practitioner immediately if I become pregnant or suspect that I am pregnant. I agree to inform my practitioner of all allergens to which I have had allergic reactions.

I have been informed that I have a right to refuse any form of treatment. I have had the opportunity to ask questions pertaining to my treatment and the content of this informed form.

By signing this consent form I agree to the above named procedures for the entire course of treatment for my present condition and any future conditions for which I seek treatment. I understand that there is always a possibility of unexpected complications and that no guarantee can be made concerning the results of treatment.

By signing this form I agree to the office cancellation policy. Each appointment is time that is reserved for me and if I need to cancel my appointment with less than **24 hours notice** for any reason barring an emergency I will be charged the full fee of visit.

Signature of patient or legal guardian _____

Printed name of patient _____

Signature of practitioner _____

Date _____