

Informed Consent to Treat
Mary Fatimah Weening, L.Ac.

I request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me (or the patient, named below, for whom I am legally responsible) by Mary Fatimah Weening and or other licensed acupuncturists who now or in the future treat me while being employed by, working with or serving as a back-up for the acupuncture practice of Mary Fatimah Weening, whether they are signatories to this form or not.

I understand that I may be treated using acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the written and oral instructions provided. The herbs may have an unpleasant smell or taste. I will immediately notify Mary Fatimah Weening or her clinical staff of any of the 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 possible side effects include bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Being well hydrated and eating a meal two hours prior to treatment greatly diminishes any risk of fainting. Burns and/or scarring are a potential risk of moxibustion or cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture involve 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, mineral, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headaches, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I become pregnant.

I do not expect the clinical and administrative staff to be able to anticipate and explain all the possible risks and complications of treatment, and I wish to rely on the 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 in my best interest. I understand that results are not guaranteed.

I understand the clinical and 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.

My voluntary signature below indicates that I have reviewed and read the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an 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.

Patient Signature X _____

(or Patient Representative)

Please indicate relationship is signing for patient