

# Evergreen Medical Acupuncture, LLC

## Consent to Treat Form

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from the Oriental Materia Medica by a licensed acupuncturist at Acupuncture by Christina Fick. I understand that acupuncturists practicing in the State of Colorado are not primary care providers and that regular care by a licensed physician is an important choice that is strongly recommended by this clinic's practitioner.

**Acupuncture:** I understand that acupuncture is performed by the insertion of filiform needles through the skin at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

**Direct and Indirect Moxibustion:** I understand that this technique is the burning of Mugwort on or over specific acupuncture points in the body and that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

**Chinese Herbs:** I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems, which I associate with these substances, I should suspend taking them and call Christina Fick at 303.594.8348 as soon as possible.*

**Acupressure/Tui-Na Massage:** I understand that I may also be given acupressure/tui-na (Chinese massage) as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

**Electro-Acupuncture:** I understand that I may be asked to have electro-acupuncture administered with the acupuncture treatment. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

**Cupping:** I understand that I may be asked to have Cupping administered. I am aware that I may have topical liniments placed on my skin which can cause skin irritation occasionally. I also understand that the Cupping may discolor my skin and may last from one day to two weeks which is normal. I may experience bruising or an uncomfortable feeling with Sliding Cupping and if it is uncomfortable I may ask to stop the treatment.

**TDP/Infrared Heat Therapy:** I understand that I may be asked to have a heat therapy applied to a certain area. Heat can be used for many therapeutic reasons. I understand that this comes with a risk of burns if the heat becomes too hot. If the heat becomes too hot I will be required to page the practitioner or call for assistance. If I feel uncomfortable using this therapy, I may decline.

**Medical Advice/Diagnosis:** You may be given a diagnosis or medical advice at any point of your treatment. I understand that any medical advice given may or may not work for me and are not guaranteed. I understand that these therapies may make you worse, or may not make you better. I also understand that any diagnosis given is circumstantial and can change at any point. I understand that Functional and Chinese Medicine are different than Western Allopathic Medicine and if I have any questions or need clarification at any point, I can contact Dr. Fick about my therapies. I also understand that Dr. Fick is not a Primary Care Provider.

**Injection Therapy:** With current standard procedure of sterile needles and antiseptic technique, this risk is very small, but it still exists. Redness and swelling are the early signs of infection. Redness or swelling should be reported immediately to avoid the more serious complications of sepsis (bacteria in the bloodstream) or osteomyelitis (infection of the bone). Puncture of nerves, arteries, or veins: This risk depends on the area of injection. A nerve may be permanently damaged or bleeding may occur with puncture of a vein or artery. Puncture of a lung or vital organ: Injections in the area of the chest could puncture a lung in which the serious complication of a tension pneumothorax could occur. Allergic reaction to injected substance: Allergic reactions to homeopathic substances have not been reported but the risk still exists. An allergic reaction usually results in hives but a lung reaction could occur with severe shortness of breath, or anaphylaxis. Anaphylaxis is the acute onset of shock and is life threatening.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature that you understand and consent to risks \_\_\_\_\_