Patient Informed Consent Form

I, the undersigned, hereby authorize Abby Gehlhausen, L.Ac, LMP (MSAOM – 12/2010 from Bastyr University, acupuncture license # ACU.0001860 and #MT.0014020), to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

* **Acupuncture:** The insertion of sterilized, disposable needles through the skin into the underlying tissues at specific points on the body.
* **Electroacupuncture:** Using small amounts of electricity to stimulate specific acupuncture points.
* **Infrared Heat:** Applying heat generated from an infrared lamp over a specific area of the body.
* **Moxabustion:** The use of small amounts of mugwort that are lit and applied to the skin either directly or indirectly.
* **Cupping:** Glass cups placed on the skin, using heat to create suction.
* **Tuning Forks:** Tuning forks used on acupuncture points.
* **Gua Sha:** Scraping of the skin done with a smooth edged tool.
* **Acupressure/Tuina:** Chinese medical massage techniques.
* **Liniments, Oils, and Plasters:** Herbal formulas applied to the skin.
* **Dietary Advice**: suggestions for dietary changes and herbal supplements.
* **Massage Therapy**: including Swedish, deep tissue, manual ligament therapy, sports massage, myofascial release and prenatal massage.

I recognize the potential benefits and risks of these procedures as described below:

* **Potential Benefits (including but not limited to):** Relief of the presenting symptoms and improved balance of body energies that may lead to improvement and elimination of the presenting problem.
* **Potential Risks (including but not limited to):** Temporary discomfort, pain, bruising, blistering, bleeding, skin irritation, temporary discoloration of the skin, broken needle, temporary increases in symptoms before resolution.

**Patients that are pregnant or may be pregnant and patients that have bleeding disorders or pacemakers must inform the practitioner of their condition prior to treatment.**

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by my acupuncturist regarding cure or improvement of my condition. I hereby release the acupuncturist from any liability, which may occur in connection with the appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

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Patient Name (print) Guardian Name (print) and Relation

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Patient Signature Guardian Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_