



**Traditional Chinese Medicine Informed Consent To Treat
Jeff Luker, MsaOM, L.Ac.
Re Massage and Bodywork
1935 South Harvard Avenue
Tulsa, OK 74112**

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of Traditional Chinese Medicine (“TCM”) on me (or on the patient named below, for whom I am legally responsible) by the professional named above and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with for the acupuncturist named above, including those working at the clinic or office listed above or any other office or clinic, whether signatories to this form or not.

Purpose of Treatment: I understand the purpose of the treatment is to resolve my complaint, *i.e.* the reason I am seeking treatment. I understand TCM is a health care service that is based on an Oriental system of medical theory, and diagnosis and treatment, based on these theories, are used to promote health and treat organic or functional disorders.

Nature of Treatment: I understand the treatment may include:

Acupuncture (a form of therapy in which fine needles are inserted into specific points on the body)

Acupressure (a form of touch therapy that utilizes the same points on the body used in acupuncture, but are stimulated with finger pressure instead of with the insertion of needles)

Electric or magnetic stimulation (use of electrical or magnetic device to produce electrical stimulation on the acupuncture needles)

Moxibustion (direct or indirect application of heat to acupuncture points or needles)

Cupping (cups made of glass or other materials placed on the skin with a vacuum created by heat or other device)

Sonopuncture (sound stimulation)

Infra-red (heat lamps)

Tui-Na (Chinese massage)

Gua sha (Chinese dermal friction technique)

Dermal hammer

Chinese herbal medicine

Western herbal medicine

Bleeding

Bleeding cupping

Therapeutic exercises

Nutritional counseling based on the fundamentals of TCM

Risks of Treatment: I am aware that acupuncture and TCM have been shown to be relatively safe; however, there are some uncommon but potential risks, which may include, but are not limited to:

Pain	<ul style="list-style-type: none"> • Acupuncture • Dermal hammer • Massage • Cupping • Electro-Acupuncture 	Tell your practitioner if you are sensitive to stimulation, and if you become uncomfortable or experience pain during the treatment.
Nausea	<ul style="list-style-type: none"> • Any therapy 	Tell your practitioner if you are easily nauseated, and advise your practitioner immediately if you become nauseated during the treatment.
Bruising	<ul style="list-style-type: none"> • Acupuncture • Dermal hammer • Massage • Cupping • Electro-Acupuncture 	Tell us if you bruise easily or have a bleeding disorder. Cupping typically leaves bruises which are usually painless and can last over a week, It is important to tell us if bruises in the area being cupped are cosmetically unacceptable.
Infection	<ul style="list-style-type: none"> • Acupuncture • Massage • Cupping • Dermal hammer 	It is possible to develop an infection whenever the skin is punctured so tell us if you have a known immune problem so we can take special precautions. Some medications can affect your skin and immune system so we need to know which medications you are taking. We only use pre-sterilized single-use disposable acupuncture pins in this clinic.
Burn	<ul style="list-style-type: none"> • Moxibustion • Heat lamp • Laser therapy 	Please advise your practitioner if you have sensitive skin, and tell your practitioner if the heat is uncomfortable.
Smoke Irritation	<ul style="list-style-type: none"> • Moxibustion 	Please advise your practitioner if you have any medical condition affecting your respiratory system such as asthma.
Relaxed or sleepy	<ul style="list-style-type: none"> • Acupuncture • Massage • Moxibustion 	It is common to feel relaxed or sleepy after treatment so avoid getting up quickly from the treatment table and give yourself time to adjust after treatment before driving or using stairs. Avoid driving immediately after the treatment if you feel sleepy.
Drug/Herb Interactions	<ul style="list-style-type: none"> • Herbal medicine 	It is important to tell us about all medications and herbal or nutritional products that you are currently taking or recently stopped.
Fainting	<ul style="list-style-type: none"> • Acupuncture • Massage 	Do not skip a meal before treatment. Get up slowly after the treatment.
Aggravation of existing condition	<ul style="list-style-type: none"> • Any therapy 	It is possible that your condition could be aggravated. This is uncommon but it can occur.

Serious side effects to acupuncture are very rare - less than one per 10,000 treatments. Occasionally, needles can break. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax).

I understand that the herbs may need to be prepared and the teas consumed (or applied on the skin) according to the instructions provided orally and in writing. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption or application of the herbs.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of TCM, although some may be toxic in large doses. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that some herbs may interact with prescription, over-the-counter medication, or supplements, and as such, I will notify the acupuncturist named below if I am taking any medication or supplements concurrently with Chinese herbs.

Please notify your practitioner if you have any adverse effect from treatment

Special Situations: Some herbs and acupuncture points are contra-indicated during pregnancy. I will notify the practitioner if I might be pregnant. I will also notify the practitioner if have a severe bleeding disorder, pace maker, diabetes, contagious disease or lymphedema prior to any treatment.

Use of Disposable Needles: To reduce the possibility of infection from acupuncture, all needles are pre-sterilized, one-time-use needles made of surgical stainless steel. After each treatment they are disposed of as medical waste. Needles are never reused. Although the clinic uses sterile, single-use disposable needles and maintains a clean and safe environment, infection is another possible risk. . I understand that while this document describes the major risks of treatment other side effects and risks may occur.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks best at the time based upon the facts then known. I understand that results are not guaranteed. I understand that the acupuncturist is not providing Western (allopathic) medical care, and that I should look to my Western primary care practitioner (*i.e.* MD) for those services and for routine check-ups.

I understand acupuncture treatments are my financial responsibility and I agree to pay for these services at the time of treatment unless other arrangements have been made. I will provide my acupuncturist with at least 24 hours notice if I need to cancel or reschedule an appointment and I understand that I will be charged the regular amount for any appointment broken with less than 24 hours notice.

Consent

I request and consent to the performance of acupuncture and TCM procedure. I have been told about the risks and benefits of acupuncture and other procedures. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature in this form indicates that I have read and understand the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask my acupuncturist. I hereby release Jeff Luker and Re Massage and Bodywork from any and all liability that may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. 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.

Signed _____

Dated _____

Printed Name _____