



M.S. Acupuncture Clinic

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CONSENT TO TREAT

I hereby authorize Min S. Kim, L.Ac. to perform the following procedures listed below but not limited to:

- **Acupuncture:** insertion of pre-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 by an infrared lamp over a specific area of the body.
- **Moxa:** indirect burning of an herbal compound on acupoints using stick or cone moxa.
- **Cupping:** glass/plastic/or ceramic cups are placed on the skin with a vacuum created by heat or suction device.
- **Tui Na/ Acupressure:** Traditional Chinese medical massage and manual therapy.
- **Air Pressure Therapy:** compression massage on the legs or low back.
- **Therapeutic exercises:** to promote range of motion.
- **Nutritional Advice:** includes diet and herbal recommendation.

I understand that the potential benefit of these procedures include, but is not limited to, a drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.

- **Potential Risks** (including but not limited to): discomfort, localized, minor bruising or swelling, blistering, bleeding, or temporary discoloration of the skin at the site of the procedure; possible aggravation of symptoms that existed prior to treatment, stuck or broken needle (rare). Unusual risks of acupuncture include 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.

- **Herbs:** I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that are recommended are traditionally considered safe in the practice of Oriental 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, headache, diarrhea, rashes, hives, and tingling of the tongue. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

- **Facial Acupuncture:** An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. Benefits may include increase in facial tone, decreased puffiness around eyes, and enhanced radiance in complexion. A facial acupuncture also incorporates and addresses the entire body's health. Although a majority of patients do not experience complications, it is possible to experience bleeding, infection, damage to deeper structures, asymmetry, bruising, nerve injury, needle shock, allergic reactions, and delayed healing. An acupuncture facial is an organic, gradual process customized for each individual and is in no way analogous to, or a substitute for, a surgical "face lift". Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

I do not expect the clinical 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 hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or the patient for whom I am legally responsible). By voluntarily signing below, I show that I have read, or have had read to me, 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.

Please notify your practitioner if you have any adverse effect from treatment. Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to treatment.

By signing below, I show that I understand and have read the above. With this knowledge, I voluntarily consent to the above procedures. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time.

Signature of Patient or Guardian

Date