



Liz Richards Acupuncture, PC  
Informed Consent to Treat

**I hereby voluntarily request and consent to receive acupuncture and Chinese Medicine treatment for my present and future health condition(s). I understand that treatment will be administered by Liz Richards, Licensed Acupuncturist. I understand that the acupuncture and Chinese Medicine treatments that I may receive include:**

**Acupuncture:** This is a safe treatment involving the insertion of fine sterile and single use needles through the skin. Treatments can occasionally produce a mild but temporary discomfort, usually achiness, tingling or soreness at the acupuncture site. Treatments can also cause slight bleeding and will rarely leave a non-painful bruise at the acupuncture site. Other possible risks from acupuncture include dizziness and fainting. I agree to come to each session having eaten within the past 3 hours, and I will report to my Licensed Acupuncturist any dizziness or light-headedness that occurs during or after an acupuncture treatment. Extremely rare risks of acupuncture include nerve damage, organ puncture and infection. These risks have an extremely low incidence, especially when acupuncture is administered properly by a Licensed Acupuncturist.

**Traditional Chinese Herbal Medicine Treatments:** Chinese herbs have been used safely for centuries. Infrequently, one may experience digestive upset or other reactions to herbs. If I experience any discomforts related to the use of any herbs I am prescribed, I understand that I should stop the herbs and that I am responsible for informing my Licensed Acupuncturist of my symptoms. Some herbs may be inappropriate during pregnancy or breastfeeding. I accept full responsibility to inform my practitioner immediately if I am pregnant or breastfeeding, or if I am attempting or suspecting pregnancy. With all herbal treatment, I agree to follow the prescribed dosage and administration guidelines given to me by my acupuncturist. I will inform my practitioner if I am taking any medications, or if there are any changes in my medications, before any herbal treatment is initiated.

**Heat Treatments with Moxa or a TDP Lamp:** These methods are used to warm areas of the body to promote health. Every precaution is taken to prevent over-warming, but the rare possibility of mild burns exists.

**Cupping:** This technique involves a localized suction produced by heating a small glass cup. There is a possibility of local non-painful bruising from this suction. Very rarely a slight burn or blister may appear due to the heat.

**Gua Sha:** Gua Sha is light scraping on the skin in a small area using a smooth-edged instrument. This often results in bruising of the treated area. The bruising, which is not painful, usually resolves in 3-7 days.

**Electro-Acupuncture:** A mild electric micro-current similar to a TENS treatment may be used to stimulate the acupuncture points. A mild tingling or tapping sensation will be felt during treatments. Occasionally a mild achiness or soreness will be felt at the areas treated for up to a day after the treatment. I understand that I must inform my practitioner if I am using a pace maker or have any heart or neurological condition prior to having this treatment.

**Acupressure and Massage:** Acupressure and massage are used to reduce or prevent pain, and to normalize the body's physiological functions. I will inform my Licensed Acupuncturist of any areas of injury or extreme discomfort, as well as any areas where I have had surgery, prior to any massage. I understand that there may be muscle soreness or achiness as well as the possible aggravation of symptoms existing prior to the treatment during or after massage.

I understand that Liz Richards, Licensed Acupuncturist is a practitioner of acupuncture and Chinese medicine. I understand that any concerns I have regarding my care should be addressed to Liz Richards, Licensed Acupuncturist directly.

By signing below I show that I have read and understand the information in this consent form. I have had the opportunity to discuss the above with my acupuncturist, and have had all of my questions answered. I understand that I can request more information at any time if desired. I understand the possible risks and complications involved in treatment. I consent to receiving treatment that involves the above procedures. I understand that there are no guarantees concerning treatment, and that there are other treatment alternatives, including those that might be offered by a licensed physician. I understand that I am free to refuse or stop treatment at any time. \_\_\_\_\_ (Initial)

By signing this form, I affirm that I have provided true and complete information, and that I have understood the above information. I also understand that, through my treatment, there is no guarantee of a specific cure or result. I hereby authorize Liz Richards to provide acupuncture and Chinese medicine to me.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Liz Richards, L.Ac. Initials** \_\_\_\_\_