

# The Texas Center for Reproductive Acupuncture

## Informed Consent To Oriental Medical Healthcare

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by the licensed acupuncturist on staff at The Texas Center for Reproductive Acupuncture who now or in the future will treat me while employed by, working or associated with or serving as back-up for The Texas Center for Reproductive Acupuncture, including those working at this clinic or any other associated clinic: acupuncture and other oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on variety of areas of my body, observation, range of motion, muscle, and orthopedic testing: modes of manual or physical therapy such as massage, manipulation of joints and/or viscera, heat and/or cold therapy and electrical/magnetic stimulation: the prescription of herbal and homeopathic medicines as well as dietary supplements; dietary recommendations; exercise advice and healthy lifestyle counseling.

I have had an opportunity to discuss with my professional practitioner, and/or with other clinic personnel the nature and purpose of acupuncture and Oriental Medicine procedures. Although I am aware that acupuncture and the other procedures used in Oriental Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implicated.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of Oriental Medicine there are some risks of treatment. I understand that although most of the risks listed are extremely unlikely to occur, they are possible. I understand that despite the remote nature of most of these risks, they do include, but are not limited to: bleeding, bruising, pneumothorax (punctured lung), puncture of other organs, pain or other strong sensations at the location where a needle is inserted or radiating from that location, nerve pain, burns, aggravation of current injuries, and strokes. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and by signing this informed consent I acknowledge the risks and possible complications associated with acupuncture treatment. I wish to rely on the acupuncturist to exercise such judgment, during the course of my treatment, as the acupuncturist feels at the time, based on the facts known to be in my interest. I authorize the staff to perform any necessary services needed during diagnosis and treatment.

**I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment at The Texas Center for Reproductive Acupuncture.**

\_\_\_\_\_  
Patients name (please print)

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

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*If under 18 years old*

\_\_\_\_\_  
Print name of patient's representative (if applicable)

\_\_\_\_\_  
Relationship or authority of patient's representative

\_\_\_\_\_  
Signature of patient's representative (if applicable)

\_\_\_\_\_  
Date Signed