



Alpenglow Acupuncture, LLC

Acupuncture Treatment Informed Consent Form

Patient Name/Guardian: _____

Date of Birth: _____

I consent to receive Acupuncture and other treatments that are within the scope of the practice of Acupuncture in the State of Alaska. Treatments are performed by a Licensed Acupuncturist of Alpenglow Acupuncture, LLC. Acupuncturists are National Board Certified by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), and licensed in the State of Alaska as Licensed Acupuncturists. Licensed Acupuncturist's are not primary care providers and while we are able to treat a vast number of conditions, Traditional Oriental Medicine is not a substitute for regular medical exams by an MD, ND, DO, ANP or PA. If a serious health problem arises, I will inform my acupuncturist as soon as possible.

Acupuncture has the effect to normalize the physiological functions, to modify pain, and to treat certain diseases or dysfunctions of the body. Acupuncture is a safe method of treatment, utilizing only sterile, disposable needles. As with any procedure there can be side effects, sometimes people experience euphoria, lightheadedness, and dizziness. Occasionally there may be bruising from the acupuncture needles, gua sha or cupping. Your acupuncturist will explain all procedures to you prior to being performed. The herbs and nutritional supplements (from plant, mineral, and animal sources) that may be recommended are traditionally considered safe in the practice of Oriental Medicine. If you have a history of serious allergic reactions to foods, insects or other substances, you will be sure that it is noted on the medical history form, and you will also verbally inform the practitioner. I understand that some herbs may be inappropriate during pregnancy. I will inform the acupuncturist if I am currently or become pregnant. Possible side effects of taking herbs are usually gastrointestinal in nature, nausea, diarrhea, more rarely, rashes, hives, and tingling of the tongue. Stopping the herbal formula usually alleviates problems. Please be sure to let the practitioner know if any adverse reaction or side effect develops.

I understand that methods of treatment may include, but are not limited to acupuncture and herbal medicine. Properly administered acupuncture and herbal medicine is safe and generally very effective. I understand that results are not guaranteed. I understand the office medical and administrative staff may review my medical records, but all my records will be kept confidential will not re-released without my written consent.

Signature required for treatment:

PATIENT or Guardian: _____

Date: _____

Witness: _____