



Acupuncture Treatment Informed Consent

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 be released without my written consent.

Signature required for treatment: PATIENT or Guardian: _____

Date: _____ Witness _____

Chiropractic Treatment Informed Consent

It is important for a patient seeking chiropractic health care to understand both the objective of care and the method of treatment. After being advised of the known benefits, risks and alternatives, you have the right to be informed about the condition of your health and the recommended care and treatment so that you may make an informed decision about whether or not to undergo chiropractic care.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may affect the restoration and preservation of health. Health is a state of optimal physical, mental and social well-being, not merely the absence of disease. One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the vertebrae in the spinal column become misaligned and/or restricted in movement. This can cause alteration of nerve function and interference to the nervous system. There may be pain and dysfunction associated with a vertebral subluxation or it may be asymptomatic. Subluxations are corrected by an adjustment performed manually, or with a handheld instrument. An adjustment is the specific application of forces to restore movement and function to the spine at the area being adjusted. In addition chiropractic care may include ancillary procedures such as physiotherapy and other rehabilitative therapies. If during the course of care we encounter non-chiropractic or unusual findings, the Chiropractor will advise you of those findings and recommend that you seek the services of another health care provider. Chiropractors practicing at Alpenglow Chiropractic are licensed by the State of Alaska and practice within the scope of practice set forth by the Alaska State Board of Chiropractic Examiners.

All questions regarding the benefits and risks of chiropractic and the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

Signature required for treatment: PATIENT or Guardian: _____

Date: _____ Witness _____

Chiropractic Consent to evaluate and adjust a minor child: I, _____ being the parent or legal guardian of _____ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

Parent or Guardian's Printed Name

Date

Signature

Witness