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Washington Acupuncture License #217, 09/27/1994
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DISCLOSURE & CONSENT FOR TREATMENT

Scope of Acupuncture Practice Acupuncturists are licensed to perform techniques which include but are not limited to the following: Use of acupuncture needles to stimulate acupuncture points and meridians; use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians; moxibustion; acupressure; cupping; dermal friction technique (gwa hsa); infra-red; sonopuncture; lasarpuncture; dietary advice based on traditional Chinese medical theory; and point injection therapy (aquapuncture).

Treatment I understand that the potential benefits of acupuncture and Chinese Medicine include drugless relief of presenting symptoms, improved general health, elimination of the presenting problem and reduction of pain, but that no guarantees have been given to me regarding the outcome of acupuncture treatments.

Potential Side Effects Some pain following treatment in insertion/cupped or scrapped area; temporary bruising; minor local bleeding; infection; needle sickness (nausea or light-headedness); broken needle, temporary discoloration of the skin, or aggravation of symptoms existing prior to the treatment.

Health Conditions I agree to tell my practitioner prior to any treatment if I have a severe bleeding disorder, a pace-maker or if I suspect I am pregnant. I agree to tell my practitioner if I have any potentially serious disorder such as a cardiac condition, acute abdominal symptoms or any other potentially serious condition, and I understand that if I have such a disorder I will need to continue being treated by an M.D. or an Osteopathic Physician.

Other Health Care Providers Acupuncture/Chinese medicine is a specialized type of therapy and does not take the place of general medical care from a licensed primary care provider. My practitioner will not diagnose western medical conditions. I will consult with my primary care provider about any symptoms that concern me. My Chinese medical treatments do not preclude me from receiving care from other health care providers and it is my responsibility to arrange for such other care.

Pregnancy All pregnancies should be followed by a physician, midwife or other provider who is licensed to do so. I recognize that even if the mother receives health care of the highest possible quality, there is a risk in any pregnancy of serious problems including, but not limited to, complications of pregnancy, miscarriage, birth defects, or injury or death of the mother or baby. If I am pregnant the herbs and acupuncture points my practitioner uses will be ones that that are recognized within Traditional Chinese Medicine as being safe for use in pregnancy, but I acknowledge that the acupuncture and herbs I receive will not guarantee an absence of problems or challenges with my pregnancy.

Consent I consent to acupuncture/Chinese medical treatment as disclosed above. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I am aware that I may be offered nutritional advice or products that are not within the scope of this disclosure, and are covered by a separate disclosure form.

Signature of patient (or parent or guardian)

Date