



Patient Consent for Use and Disclosure Information

Note: Please Read the Following Statements Carefully

I _____ hereby voluntarily consent to be treated by Lavender Retreat's Wellness Practitioners, with oriental medical procedures, which may include acupuncture, moxibustion, cupping, gua sha, acupressure, massage, Chinese herbal medicine, or nutrition and lifestyle counseling.

I understand that acupuncture is performed by the insertion of sterile needles through the skin, or by the application of heat to the skin, or by both, at certain points on or near the surface of the body in an attempt to treat body dysfunctions or disease and to normalize the body's physiological functions. These can include some local bruising, mild pain or discomfort, a feeling of weakness, fainting, nausea, dizziness and a temporary aggravation of symptoms. These effects are unusual and of short duration.

I acknowledge that due to the relaxation of certain muscles in the body it is possible for the acupuncture needles to fall out during the acupuncture treatment and that this has no negative effect on the treatment outcome.

I am aware that if there is a worsening of my ailment or condition or if it does not improve within the time estimated by the acupuncturist, or if a new ailment or condition appears that I should consult my personal physician or any other licensed physician.

I accept the fact no guarantee is made concerning the use and effects of acupuncture or Chinese Herb. I understand that I am free to stop treatment at any time. I understand that I should inform my acupuncturist prior to being treated if I believe I might be pregnant.

I understand that the evaluation given me is an energetic assessment of the traditional Chinese medicine meridian network and in no way purports to be or replaces a western medical examination and diagnosis. In the course of the evaluation, there may be reference to that state of various "organs, "such as heart, liver, spleen, kidneys, etc., which actually refers to energetic channels of the same name.

I have carefully read all the foregoing and so am fully aware of what I am signing. I have felt free to ask any questions.

YOU ACKNOWLEDGE THAT YOU HAVE READ THE **CONSENT FORM** BEFORE SIGNING.

Signature (Patient's or guardian) (Date)

Witnessed By:

Practitioner Name (Print & Sign) (Date)