



CONSENT FORM

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from the Oriental materia medica by Diana Hermann, L.Ac.. who is a licensed acupuncturist in the state of Colorado. I understand that acupuncturists practicing in the state of Colorado are not primary care providers.

Acupuncture: I understand that acupuncture means the stimulation of certain points on the surface of the body by the insertion of needles through the skin to modify or prevent pain perception and/or to normalize physiological functions in an attempt to treat disease or dysfunctions of the body. I understand that acupuncture treatment may include the use of moxibustion, electro-acupuncture, and/or acupressure. I have been made aware that certain adverse side effects may result which could include, but are not limited to: local bruising, minor bleeding, fainting, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Moxibustion: I understand that moxibustion means the therapeutic application of direct or indirect heat to the skin at certain points on or near the surface of the body. I have been made aware that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

Electro-Acupuncture: I understand that electro-acupuncture means the therapeutic use of weak electric currents to stimulate acupuncture points. I have been made aware that certain adverse side effects may result which could include, but are not limited to: electrical shock, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment. I understand that I may refuse this therapy.

Acupressure/Massage: I understand that I may be given acupressure or Oriental massage as part of my treatment to modify or prevent pain perception and/or to normalize physiological functions in an attempt to treat disease or dysfunctions of the body. I have been made aware that certain adverse side effects may result which could include, but are not limited to: muscle soreness and the possible temporary aggravation of symptoms existing prior to the treatment. I understand that I may stop this therapy if it is uncomfortable. Furthermore, I understand that this procedure is for therapeutic purposes only and that in a professional relationship sexual intimacy is never appropriate.

Chinese Herbs: I understand that substances from the Oriental materia medica may be recommended to me to modify or prevent pain perception and/or to normalize physiological functions in an attempt to treat disease or dysfunctions of the body. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I have been made aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems that I associate with these substances, I should suspend taking them and call the acupuncture clinic as soon as possible.*

Dermatology Patients: I understand that photographs may be taken of my skin to provide a visual record of my condition. I understand these photographs will be kept confidential and may only be used in case study presentation with my written consent.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I give my permission and consent to treatment by the above named acupuncturist.

Patient Signature

Date

Printed Name

Date of Birth