



Informed Consent for Acupuncture Treatment

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of Oriental Medicine on me (or the patient named below, for whom I am legally responsible) by Katie Clifton, L.Ac.

I understand there are some risks to treatment, including but not limited to bruising of the skin and/or slight bleeding. If moxabustion or heat therapies are used there is a risk of possible burn and/or scarring. This includes therapy administered by both the acupuncturist in her office and myself, the patient/guardian, if applicable, when using moxabustion therapy at home. The risk of infection is small since this office uses only sterile, disposable needles.

I have had the opportunity to discuss with the acupuncturist the nature and purpose of Oriental Medicine and I understand the results are not guaranteed.

I do not anticipate the acupuncturist to be able to anticipate and explain all risks and complications. I wish to rely on the acupuncturist to exercise judgment which she feels at the time is in my best interest, based upon the facts then known, during the course of the procedure.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Photography Release Form

I, the undersigned, do hereby consent and agree that, Queenpin Acupuncture have the right to take photographs of me. I give Queenpin Acupuncture permission to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting Queenpin Acupuncture

I understand that there will be no financial or other remuneration for the photographs taken of me.

Patient's Name

Patient's Signature (or Patient Representative)
Please indicate relationship is signing for patient.

Date

Acupuncturist

Date