



North Star Acupuncture

Deborah Meuse, Licensed Acupuncturist

Informed Consent for Oriental Medical Treatment

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of Oriental medicine on me, "Patient" (or the patient named below for whom I am legally responsible) by Deborah Meuse, Licensed Acupuncturist, "Practioner."

There are some risks to treatment, including but not limited to some bruising of the skin and/or slight bleeding. If moxibustion or heat therapies are used there is a risk of burn and/or scarring. The risk of infection is small when all needles are sterile and I understand that the Practioner uses only sterile disposable needles.

I have had an opportunity to discuss with the Practioner the nature and purpose of Oriental medicine. I understand that results are not guaranteed.

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

I understand that I have the choice to accept or reject the proposed diagnostic procedure or treatment, or any part of it, before or during the diagnosis or treatment.

I understand that the Practioner is not providing Western (allopathic) medical care, and that I should look to my Western primary care physician (i.e. MD) for those services and routine checkups.

I have read, or have 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.

Patient Signature (Or patient representative):

Date