



INTUITIVE

Acupuncture Consent

I, _____ hereby request and consent to acupuncture treatment(s) and other procedures and modalities associated with Traditional Chinese Medicine (TCM) by Britta Van Dun, L.Ac. I have discussed the nature and purpose of my treatment, and understand that methods of treatment may include, but are not limited to acupuncture, nutritional counseling, moxibustion, cupping, Gua Sha, Tuina (Chinese Medical massage) and Qigong (energy work). I understand that the diagnosis given to me conforms to the principles of (TCM) and in no way purports to replace allopathic (Western) medical evaluation, diagnosis or treatment.

I have provided a full history and description of complaints and health status which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary. I understand that no guarantee has been made concerning the use and effects of TCM. I understand that I may stop treatment at any time. I will notify Britta Van Dun if I am or become pregnant.

I have been informed that acupuncture is a generally safe method of treatment that utilizes sterile needles and is done in a clean, safe environment. But, as with all medical procedures, TCM treatment may have side effects including: bruising, numbness or tingling, minor bleeding, broken needle, dizziness and fainting. Some very rare risks of acupuncture include pneumothorax and infection. Burns and/or scarring are a potential risk of indirect moxibustion. Rarely, bodywork may cause a temporary increase of symptoms. I understand that while this form describes the major risks of treatment, other side effects may occur.

Supplements and remedies that have been recommended are traditionally considered safe in the practice of Holistic Medicine, although some may cause aggravations. I will immediately notify Britta Van Dun of any unanticipated or unpleasant affects associated with the consumption of any suggested remedy or supplement.

If I am being treated for fertility, pregnancy or labor, I understand this procedure and specifically waive my right to any legal claim that may arise through this treatment. I agree to hold Britta Van Dun, L.Ac. harmless for any and all complications that may occur to me or my child as a result of acupuncture labor induction.

As indicated on her website, Britta Van Dun, LAc has a 48 hour cancellation window. This is to respect the time of the practitioner and give other clients an opportunity to schedule. Cancellations made 24 hours or less before an appointment, along with no-shows will incur a charge of \$75. No shows will be charged the full session amount (\$125).

By signing below I show that I have read this consent to treatment and understand the risks and benefits of acupuncture and other procedures. I understand the 48 hour cancellation policy. I intend this consent form to cover the entire course of treatment for my present and any future conditions for which I seek treatment.

Name (print + sign)

Date