Family Acupuncture
& Holistic Medicine
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acupuncture-5-element.com

Consent to Treatment

I, _____, hereby authorize Yuri Belopolsky, Lic. Ac. to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.
2. Heat treatments using *Artemisia vulgaris* (moxibustion, "moxa") or a conventional heat lamp. Indirect moxibustion treatments involve putting moxa on the head of the needle or on top of a barrier such as salt or a slice of ginger. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from the moxa treatments may involve slight discomfort or leave a blister or scar on the skin. With any type of heat there is always a risk of a burn.
3. A massage technique called "qwa sha". This treatment leaves redness on the skin that can last for 1-5 days. Slight bruising and tenderness may persist after the treatment.
4. Cupping may be used to promote circulation of Qi (energy) through the meridians. Cups may produce a red/purple color on the area treated lasting for 1-5 days.
5. Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians. Lancets are inserted into the skin and a small amount of blood is expressed from the puncture.
6. Chinese Herbal Medicine, in various forms such as pills, capsules, extract powders, and raw herbs to be administered orally and/or topically. Some patients may experience side effects from their particular prescription. Please inform us of any adverse effects you may be experiencing.

Should I need to cancel future sessions, I agree to give <u>24 hours notice</u> or I will be financially responsible for the session time.

I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment.

I have been informed that I have the right to refuse any form of treatment.

Signature of Patient: _____Date:_____