

The Acupuncture Clinic of Missoula

Health Options Clinic 3031 S. Russell St. Ste 1 Missoula, MT 59801

www.acupunctureclinicofmissoula.com

406-728-1600

Acupuncture & Herb Consent Form

I voluntarily consent to be treated with acupuncture, massage, and/or substances from the Oriental Materia Medical administered by a licensed acupuncturist.

I understand that acupuncture is performed by the insertion of needles through the skin. These are sterile, single-use, disposable needles. Heat may also be applied to the needles or to the skin, in an attempt to treat dysfunctions.

I understand that certain side effects may result. These may include, but are not limited to, local bruising, minor bleeding, light-headedness, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to the acupuncture treatment.

I understand that the acupuncturist may recommend substances from the Oriental Materia Medical (herbs) to treat dysfunctions. I understand that I am not required to take these substances, but must follow the directions for administration and dosage if I decide to take them.

I understand that certain adverse side effects may result from taking these substances. These could include, but are limited to, changes in bowel movement, temporary abdominal pain or discomfort, and the possible temporary aggravation of symptoms existing prior to herbal treatment. Should I experience any problems which I associate with these substances, I will suspend taking them and call the acupuncturists at the Acupuncture Clinic of Missoula.

I have carefully read and understand the above.

Signature of patient or guardian

Date

