

Treatment Information

Pre-Treatment Considerations: Please eat an adequate amount of food before your treatment. You should not receive acupuncture with an empty or overly full stomach.

Post-Treatment Care: If you receive treatments for pain, avoid aggravation of the painful area between treatments. It is recommended to “baby” that area and avoid strenuous or aggravating activity as much as possible in order to receive maximum benefits. Following your treatment, your body makes adjustments for up to 36 hours. There is a 10% chance that you may experience an aggravation of the condition that you are being treated for. There is no cause for concern, as this is a healing response to the effective and unique treatment employed. The pain/discomfort and usually subsides within 36 to 48 hours. Typically, the pain will then subside to a lower level than before the treatment.

Treatment Progression and Recovery: Acupuncture treatments stimulate your body’s own healing capacity. Therefore, the progress of your healing will follow a natural course. As this occurs, you are likely to experience a reoccurrence of the pain/condition in between your treatments to some degree. The degree of pain, if not aggravated, progressively decreases over a series of treatments. Finally, the pain will decrease to the level where the condition has recovered. The individual time for recovery will be different from patient to patient.

Informed Consent

I hereby request and consent to the performance of acupuncture treatments and other modalities within the scope of practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Heidi Barlin, L. Ac. or other licensed acupuncturists who now or in the future treat me while serving as her substitute.

I understand that methods of treatment may include acupuncture with sterile and disposable needles, Tui-Na massage, cupping, Chinese herbal medicine and nutritional counseling. I understand that acupuncture is a safe method of treatment, but side effects may include bruising or tingling near the needling sites, dizziness or fainting. Extremely rare risks include nerve damage, organ puncture and spontaneous miscarriage.

The herbs prescribed are considered safe in the practice of Oriental medicine. I understand that the herbs prescribed and given by the acupuncturist must be taken according to the practitioner’s instruction only. I agree to inform the acupuncturist about any other herbs, medications or supplements that I am taking currently or during future courses of treatments. The herbs prescribed may have a strong medicinal taste. Occasional side effects may include digestive upset or allergic reactions. If any discomfort is noticed while taking the prescribed herbs, I understand to discontinue use and notify the office immediately. I understand that some herbs may be inappropriate during pregnancy. I agree to inform the acupuncturist if I am or become pregnant.

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

I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I have read, or have had read to me, the above “treatment information” and “informed consent.” I have also had an opportunity to ask questions about the 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 _____