

Sarah A. Steed, L. Ac.

Acupuncture Consent Form

1.) I do voluntarily consent to be treated with Acupuncture and Oriental Medicine.

The procedures involved in this treatment have been explained to me. I understand that I may be treated with the insertion of needles/and or application of heat to the skin, the use of cups, herbal preparation or e-stim. I have not been guaranteed any success concerning the uses and effects of Acupuncture and Oriental Medicine. I understand that I am free to discontinue treatment at any time.

2.) I understand that Sarah Steed is a licensed acupuncturist, not a physician. As there are certain situations that are best handled by medical doctors, I understand that she may request or require that I see a physician.

3.) I have been advised that acupuncture may result in certain side effects, including local bruising, slight bleeding and fainting, temporary pain or discomfort, and temporary aggravations of symptoms existing prior to treatments. Conventional medical treatment may be used in an emergency.

4.) I have been advised that there is infectious disease carried through the air, through physical contact, and through body fluids. I understand that Sarah Steed, L. Ac. follows universally prescribed precautions to guard against the spread of infection and that only sterile, prepackaged, disposable needles are used. Needles that are used for my treatment are used only by me, and are inserted according to clean needle procedures based on nationally prescribed standards.

5.) I understand that in case of pregnancy or delayed menstrual flow, I must warn Sarah Steed prior to treatment. I understand that in case of pregnancy, acupuncture treatments may be reevaluated.

6.) If I have a heart pacemaker or any medical implants, Sarah Steed must be informed of this.

7.) **I understand that I will be charged for appointments cancelled with less than 24 hours notice.** I understand that \$29.00 will be charged for any returned checks. Payment is due at the time of the visit. I understand that the initial workup visit is \$165.00 (1 1/2 hours) and that regular treatments are \$115.00 for one hour. Credit, Debit, HSA cards accepted, except American Express Card. Checks should be made payable to Sarah Steed.

I hereby acknowledge having read and understood the above points concerning my treatment. I have asked any questions I may have regarding this process and this form, and I have had my questions answered to my satisfaction.

Name of Patient (Please print)

Date

Signature of Patient

Signature of Parent if patient under 18