

# Patient Information & Consent Form for Treatment with Chinese Medicine

## What is acupuncture?

Acupuncture is a form of therapy in which fine, single-use, sterile, disposable needles are inserted into specific points on the body to treat health imbalances, alleviate pain and restore the body's normal physiological functions.

## Is acupuncture safe?

Acupuncture is very safe. Serious side effects are rare—less than one per 10,000 treatments.

## Does acupuncture have side effects?

Listed below are possible adverse side effects which include but are not limited to the following:

- ~Drowsiness (occurs in a small number of patients and if affected, you are advised not to drive)
- ~Minor bleeding or bruising (occurs after acupuncture in about 3% of treatments)
- ~Pain during or after treatment (occurs in about 1% of treatments)
- ~Fainting (particularly at the first treatment)
- ~Organ puncture (very rare especially with proper technique)
- ~Symptoms getting worse after treatment (less than 3% of patients); you should tell your acupuncturist about this—it can also be a natural part of the healing process.

## What is moxibustion and its risks?

Moxibustion is the application of heat to the skin at certain points on or near the surface of the body using packed herbs. There is a risk of burning or scarring from the treatment which is rare.

## What is cupping/Gua Sha and its side effects?

Cupping involves a localized suction produced by briefly heating a small glass cup. Gua Sha is performed by using a smooth-edged instrument to scrape the skin over the affected area. Cupping or Gua Sha may result in reddish/purplish marks in the area treated (that can resemble bruising) which typically resolve in 3-7 days.

## What are the side effects of acupressure/shiatsu massage?

Acupressure or shiatsu is the application of pressure to parts of the body with the intention of relaxing the muscles and stimulating acupuncture points. Some side effects include but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment.

## What are the benefits and risk of Chinese herbal formulas?

Your practitioner may use Chinese herbal formulas in the form of teas, powders or tablets to support your body and clear away imbalances. It is possible that if the formula doesn't agree with you, the herbs may cause allergic reactions, stomach upset or other adverse effects in which case you should stop taking them and let your practitioner know so she can adjust the formula. Your practitioner may also give you dietary advice from a Chinese medicine perspective and again if you notice any adverse effects, communicate with your practitioner because it may reveal important information about the state of your health and digestion.

## Is there anything your practitioner needs to know?

Apart from the usual medical details, it is important that you let your practitioner know:

- ~if you have ever experienced a fit, faint or funny turn
- ~if you have a pacemaker or any other electrical implants
- ~if you have a bleeding disorder
- ~if you are taking anti-coagulants or any other medication
- ~if you have damaged heart valves or have any other particular risk of infection
- ~if you are currently or possibly pregnant or a breast feeding mother

## Statement of Consent

I have carefully read and understand all of the above information.

I understand that I may ask my practitioner for a more detailed explanation.

I understand that regular primary care by a licensed physician is strongly recommended.

I consent to treatment while under the care of Dr. Vanda Huang and understand that I am free to refuse/stop treatment and/or seek alternative treatment at any time. I will communicate any concerns or questions.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Patient Information & Consent Form for Naturopathic Medical Care

Naturopathic Medicine is a system of health care that treats and prevents disease by using natural and non-invasive therapies such as clinical nutrition, herbal medicine, homeopathy, physical medicine, lifestyle counseling and hydrotherapy. It is based on the belief that the human body has an innate healing ability. Your naturopathic visit will most likely consist of a thorough case history and physical exam. Lab tests and more specific examinations may be necessary and performed by your ND or referred to your MD or a specialist. An ND may also prescribe an over-the-counter medication or pharmaceutical drug when deemed appropriate.

### Statement of Acknowledgment

I understand that the form of medical care I will receive is based on naturopathic principles and practices. I will inform my ND of any health concerns, allergies, medications, supplements and medical interventions. I will notify my ND if I have any bleeding disorders, pace makers or cancer. I will also inform my ND if I am pregnant and/or breastfeeding.

I understand that although naturopathic treatments are generally safe and gentle, there may be health risks associated with some treatments, including but not limited to:

- ~ allergic reactions to a supplement or herb
- ~ pain, soreness or bruising from bodywork, physical medicine, injections or venipuncture
- ~ aggravation of pre-existing symptoms (which may be part of the healing process)
- ~ new symptoms or the return of old symptoms (which may be part of the detoxification process)

I also understand that:

- ~ treatment results are not guaranteed
- ~ my ND will not be able to anticipate and explain all the risks and complications of all treatments and procedures although she will do so as thoroughly as possible to the best of her ability and will exercise judgment based on the facts at hand during the course of any diagnostic procedures and/or treatment plans which she feels at the time are in my best interest
- ~ I am always free to discontinue care and/or seek care from another qualified health practitioner

I have read over and understand the following Email/Phone Policy:

**Email/Phone Policy: Please keep in mind that communications via email are not secure** and due to lack of end to end encryption we are limiting communicating with patients via email due to HIPAA regulations. Please call or fax the office instead.

There is no charge for phone calls regarding clarification of your current treatment plan such as supplement or medication doses, or when your physician has requested that you check in about your response to a treatment. **There will be a fee, depending on length of time required, for phone calls regarding a new health problem, information requiring medical advice or an issue that requires your chart being pulled and information being recorded.** You are always welcome to schedule an appointment or hold your questions until your next session if it's not an urgent matter.

Thank you for your patience and your understanding of our policy. Please note: insurance does not always cover this expense and this fee will be your responsibility. Also please note that your practitioner may call saying that it is easier to discuss your questions during an office visit or that she will answer your questions in person during your next session.

**We will do our best to answer your questions via phone within 3 business days. If you have an urgent health problem that needs to be addressed, please go to urgent care or the hospital.** In an effort to respond in a timely manner, responses may be brief and direct. Should you need more detailed description or explanation, please schedule an appointment. Feel free to ask if you need any clarification about this policy.

### Statement of Consent

I have carefully read and understand all of the above information.

I understand that I may ask my ND for a more detailed explanation.

I understand that regular primary care by a licensed physician is strongly recommended.

I consent to treatment while under the care of Dr. Vanda Huang and understand that I am free to refuse/stop treatment and/or seek alternative treatment at any time. I will communicate any concerns or questions.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_