



OLSON ACUPUNCTURE &
NUTRITIONAL HEALING

acupuncture | herbal medicine | nutrition therapy

Acupuncture Informed Consent Form

PLEASE READ BEFORE SIGNING:

Acupuncture is performed by the insertion of pre-sterilized, disposable needles through the skin, and/or the application of heat or electrical stimulation to the skin, at certain points on the body. Although rare, certain side effects may result from acupuncture. Please read the following statements and sign once you feel you understand that each procedure or treatment may have specific risks and side effects.

Procedures and products that may apply to my treatment:

Acupuncture needles
Electrical stimulation of acupuncture needles
Cupping
Gua Sha
Acupressure
Tui Na
Chinese Herbal Formulations
Whole Food Supplementation
Therapeutic Dietary Analysis

Potential risks and side effects of acupuncture and Chinese medical procedures:

Minor bruising
Possible pain at the site of insertion
Needle sickness (for those with extreme sensitivity to needles)
Bending or breaking of needles
Infection, and the risk of needling in the vicinity of an infection

The benefits / risks of receiving acupuncture and Chinese medicine treatments have been explained to me.

I understand that a \$75 fee may be charged with cancellations under a 24-hour notice.

Patient's signature _____ **Date** _____

**** Consent To Treat a Minor Child ****

I authorize the acupuncturist and/or whomever they designate as assistants to administer acupuncture care as deemed necessary to my _____ (relationship).

Patient's Name _____

Adult's signature _____ Date _____