

Patient Consent Form

1. I consent to be treated by Hanbiao Cao, licensed acupuncturist in the State of Maryland.
2. I understand acupuncture is performed by the insertion of needles through the skin, with or without the use of electrical stimulation, the application of heat, cupping and needle manipulation.
3. The purpose of the treatment is to normalize some physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunction of the body. There is no guarantee, however, concerning the effect of the treatment provided to me. I am free to discontinue treatment at any time.
4. I am advised to consult a physician regarding the conditions for which I seek acupuncture treatment. I am advised that acupuncture is not a substitute for conventional medical treatment. I am not advised by the acupuncturist to discontinue my ongoing treatment (if any) with my physician.
5. I understand certain adverse or side effects may result from the treatment. These could include but are not limited to: slight bleeding, bruising or soreness near the needling sites that might last a few days. There have been very rare instances reported of fainting, infections and scarring. There have been extremely rare instances reported of pneumothorax. There will be some bruising after cupping.
6. I have the option of using herbs and nutrition supplements. I understand that the herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. Some herbs may be inappropriate during pregnancy. Some herbs may have side effects. If I experience any gastrointestinal upset or allergic reactions to the herbs I will inform the acupuncturist.
7. I have the option of TuiNa manipulation to be combined with acupuncture to get the efficiency of treatment enhanced .

Patient's Signature: _____ Date Signed: _____