



Dr. Heidi Kao, DAOM, L.Ac. & Associates
Informed Consent

I, the undersigned, understand that methods of treatment used here may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, herbal therapy, massage, Qi Gong and nutritional counseling.

I understand that acupuncture, moxibustion, electrical stimulation, cupping and pricking are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of acupuncture include dizziness, fainting, or nerve damage. Infection is possible, although the center uses alcohol and sterile disposable needles and maintains a safe and clean environment. Potential risks of moxibustion heat therapy are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha, or spooning. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing processes.

Herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my acupuncturist's recommendation may be toxic and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that I must stop the herbs and notify my acupuncturist as soon as I experience any discomfort.

I understand that my acupuncturist 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 can discuss risks and benefits further with my acupuncturist before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise their judgment in my best interest during the course of treatment, based upon the facts given. This consent form is intended to cover all future treatments I receive here with Dr. Heidi Kao, L.Ac. and/or Associates.

Cancellation Policy

- If you cancel your scheduled visit with more than a 24 hour notice, you will not be charged
- If you cancel within 24 hours of your scheduled visit you will be charged \$50
- If you cancel within 2 hours of your scheduled visit, or you do not show you will be charged \$100

Date: _____

Patient Name: _____

Patient Signature: _____