



SAGES' HEALING CENTER
DAMON SAGE, L.AC.

Informed Consent for Acupuncture & Traditional East Asian Therapies

I, _____, do voluntarily, knowingly and willingly give my consent to treatment by acupuncture and other East Asian therapies by Damon Sage, L.Ac. Acupuncture is an art of healing involving the stimulation of specific points on the body by inserting thin needles, or in some cases by applying small pulses of electric current to the needles or external heat generated by an herb (a process called moxibustion). My practitioner could also use cupping, recommend certain Chinese herbs, homeopathics or use Chinese massage, Zen Shiatsu massage or nutritional/ supplement recommendations based upon East Asian medical views of health and illness.

Although acupuncture has been used in Asia for thousands of years and in Europe as an authentic therapeutic modality, acceptance by the U.S. medical community is developing slowly. While still considered complementary or alternative by many, it is a licensed profession in the State of Arizona, and is recognized by the National Institutes of Health (NIH) as a reasonable clinical option for postoperative, myofascial and lower back pain. NIH has also recognized positive clinical reports for treatment of addiction, stroke rehabilitation, carpal tunnel syndrome, osteoarthritis, and headache. Acupuncture is used to treat a much wider variety of conditions, and I understand that the scientific evidence for its efficacy for my condition may not have been established.

Contraindications: Contraindications for acupuncture/East Asian therapy may include history of bleeding disorder or current anticoagulant therapy. Some herbs may be dangerous during pregnancy, or due to heart, liver, or other disease. I will ensure my acupuncturist understands if these or other significant conditions exist, or if I have an implanted pacemaker, prosthetic valve or if I am pregnant or trying to become pregnant. Certain medications or social habits are known to lessen the potential results of acupuncture, including alcohol, tobacco, steroids, narcotics, and recreational drugs.

Risks/Adverse Reactions: My acupuncturist has informed me about the potential risks of acupuncture and answered any questions that I have. I understand that acupuncture is generally a safe method of treatment, but that possible risks include, but are not limited to, those related to infection, bleeding, lung puncture, other organ puncture, scarring, local bleeding, bruising, burning, pain, swelling, broken needles, and nerve damage including very rare cases of reported spinal cord trauma or spontaneous miscarriage. I understand that my acupuncturist uses sterile, disposable needles to minimize the risk of infection. I recognize that significant adverse reactions, although rare, could occur from the placement of needles through the skin with the use of manual heat or electrical stimulation.

The Chinese herbs, homeopathic remedies, and nutritional supplements (which are from plant, mineral, and/or animal sources) that might be recommended are traditionally considered safe in the practice of Traditional East Asian Medicine. I understand that while most of the herbs prescribed are available over the counter, I should be aware that consumption of herbs could result in gastrointestinal upset, diarrhea, constipation, nausea, itch, rash, hives or other reactions, which, though extremely rare, could result in anaphylactic reaction and death. If I experience any unpleasant side effects after using any herb (such as hives, rashes, or tingling of the tongue), I will stop using the herb immediately and report my difficulties to my practitioner.

I am aware that acupuncture may mask an underlying condition and could retard a diagnosis for which other therapy may be known to be indicated. I understand that no guarantees are offered, that a cure of my condition may not occur and that a possible worsening of my condition could develop or that new conditions could arise temporarily or, in the unusual event of an adverse reaction, on a long-term basis. I understand that healing is cyclical, and that I may have a temporary healing crisis as my body adjusts to treatment. I also understand that it usually requires a series of treatments for possible significant change in my condition.

INFORMED CONSENT TO RECEIVE TREATMENT

I hereby certify that I understand the above authorization and the risks of possible complications. I have been adequately informed, and questions I have asked have been satisfactorily answered. I represent that I am seeking acupuncture/Traditional East Asian therapy in order to further my own health and for no other reason. I am aware that I may withdraw this consent and stop treatment at any time.

[Date]

[Signature of Patient/Guardian]

[Printed Name]