

Patient Name _____ Date _____

INFORMED CONSENT

I hereby request and consent to the performance of treatments within the scope of Traditional Chinese Medicine (TCM) on me (or on the patient named below for whom I am legal guardian) by Shan Kong/Qingchun Kong (Doctor of Traditional Chinese Medicine). I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, TDP lamp, cupping, electrical stimulation, and herbs; I also give Dr. Kong permission to use health information about my treatment for possible medical research or publication, without my name.

I understand that acupuncture is a generally safe method of treatment, but that may occasionally cause a drop of blood to appear after the needle is withdrawn (which is treated with direct pressure) or even create bruising at the needles site. Dizziness may occur as can nausea or lightheadedness and these reactions resolve with change of position or removal of the needles (I understand that it is best not to be too hungry before receiving an acupuncture treatment and to inform Dr. Kong if I suffer from “needle phobia”.) All of these reactions are very rare. Bruising is common with cupping, and TDP lamp or moxibustion can cause burns and/or scarring very rarely. Infection is always a risk with the use of needles, but this is minimized in acupuncture by using sterile, disposable needles; and it is almost never seen with acupuncture treatments. Sensations such as soreness, numbness, tingling, electrical sensations, or heaviness are a normal response to the needles and indicate that the acupuncture is working. I agree to inform Dr. Kong immediately should any of these incidents occur.

Herbal remedies that are used in TCM are traditionally considered safe, particularly herbal combinations or “patent” formulas. It is important that these be taken in accordance with Dr. Kong’s instructions. Side effects are uncommon, but can include nausea, vomiting, or diarrhea. If any side effects should occur, I agree to contact Dr. Kong as to the appropriate course of action. I also understand that some herbs or acupuncture points may be inappropriate during pregnancy. I agree to notify Dr. Kong if I become pregnant during treatment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I do not expect Dr. Kong to be able to anticipate and explain all possible risks and side effects. I understand that results are not guaranteed. I understand that it is important for me to disclose my health history and present condition to Dr. Kong and this information will be kept confidential.

In accordance with current privacy laws, I further understand that TCM is in no way the practice of medicine; and if I require medical treatment, I will seek out the appropriate professional.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

PATIENT SIGNATURE (or patient representative, indicate relationship if signing for patient)

_____ Date _____