

**Shen Shen Health & Harmony Acupuncture Informed Consent**

1. I hereby voluntarily consent to be treated by acupuncture and/or Chinese Herbs administered by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.
2. I understand that acupuncture is performed by the insertion of fine, pre-sterilized disposable acupuncture needles (with or without the addition of electric current) through the skin, or the application of heat to the skin, or both, at certain points on the body, in an attempt to improve the body function and/or relieve pain.
3. I understand that methods of treatment may include but are not limited to: acupuncture, moxibustion, cupping, gua sha, electrical stimulation and tui na (Chinese massage).
4. I acknowledge that, although rare, certain side effects may result from acupuncture. These can include bruising, mild pain or discomfort, a feeling of weakness, fainting, nausea, and a temporary aggravation of symptoms. These effects are unusual and of short duration.
5. I accept the fact that no guarantee is made concerning the use and effects of acupuncture or Chinese herbs.
6. I understand I may stop treatment at any time.
7. I further understand that the evaluation given me is an energetic assessment of the acupuncture meridian network, and in no way purports to be, or replaces a western medical examination or diagnosis. In the course of the evaluation, there may be references to the state of various "organs", such as the heart, liver, spleen, kidneys, etc., which actually refers to the energetic channels of the same name.
8. I acknowledge the fact that the practitioner is not and does not profess to be a western-trained medical doctor and does not advise on the use of medically prescribed pharmaceuticals or medical treatment, nor does the Practitioner give any substances by injection.
9. I acknowledge that the Practitioner is National Board Certified (NCCAOM) and a Licensed Acupuncturist (L.Ac.) in the state of Illinois.
10. The clinical data gathered in practice, without names, may be used for statistical research and teaching purposes.

**By voluntarily signing below, I show that I have read, or have 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.**

Signature \_\_\_\_\_

Date \_\_\_\_\_