



INFORMED CONSENT

I voluntarily consent to receive acupuncture treatments and other procedures within the scope of acupuncture practice (for myself or for the patient named below, for whom I am legally responsible) from the acupuncturists at Kindred Community Acupuncture.

Acupuncture involves the insertion of thin, solid needles into particular points on the body. By signing below, I indicate that I understand that side effects of acupuncture, while not common, may include pain in the treatment area, bruising, bleeding, faintness, possible worsening of some symptoms for 24-48 hours before improvement begins, and as with any procedure in which the skin is broken, a very slight risk of infection.

Kindred uses only one-time use, sterile, disposable needles. We do not re-use needles, even at different areas of the body on the same person.

Kindred does not provide primary care, or allopathic (Western) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection, or have been prescribed anticoagulant (blood-thinning) medications, by signing below you state that you have informed your acupuncturist of such conditions.

Printed Name

Signature

Date