

Acupuncture Patient Consent Form

I, _____ have been informed of my treatment options by either the student interns or the clinician who is overseeing my treatment at the UB Health Sciences Center. The student interns or the supervising clinician have explained each recommended procedure and any alternative choices I may have for treatment after which I may choose to accept or reject any specific treatment. I understand that during my treatment(s) at this clinic I may receive any or all of the following:

Notice to Pregnant Women: All female patients must inform the supervising clinician if they know or suspect they are pregnant as some procedures and therapies described herein may present a risk to the pregnancy.

Notice to Minors seeking services and their parents/guardians: Special consent form is required for minor patients seeking services at the Health Sciences Center clinics. Please request this form from the front desk and complete with your health personnel during consultation prior to treatment.

Acupuncture Services:

- Accept Decline: **Acupuncture** which involves inserting fine, filliform needles into the skin to enhance the movement of qi in the meridians; this may infrequently cause bleeding or bruising; induce a deep sense of relation or increased energy; and even less frequently can allow an infection to start at the site of the needle insertion.
- Accept Decline: **Moxibustion** which is the burning of mugwort (*Artemisia vulgaris*) leaves on or near the skin, or on or near acupuncture needles for the purpose of warming or moving qi, blood, phlegm or yang in the body; this may occasionally cause burning and blistering of the skin (first or second degree burn).
- Accept Decline: **Cupping** which is the use of glass or plastic cups with a suction action to remove blockages and move phlegm, blood or qi; this often causes bruising in the area of cupping.
- Accept Decline: **Electrical stimulation** of the skin or needles; I should inform the practitioner and interns if I have a pacemaker or any other implanted medical device as electrical stimulation may interfere with its actions.
- Accept Decline: **Gua sha massage** to move qi and blood through the skin and muscles; this often causes bruising (ecchymosis) in the area of treatment.
- Accept Decline: **Tuina massage** to move qi and blood through the skin and muscles; there may be local areas of discomfort and I should inform the intern of any local lesions or recent surgery.
- Accept Decline: **Bleeding** using a lance to dramatically enhance blood or qi movement; this will cause bleeding and may also cause local bruising or swelling.
- Accept Decline: **Lifestyle counseling and hygiene:** may include diet therapy, fasting, specialized diets, exercises, and counseling recommendations to help improve my health. I understand I should identify any specialized diets I am on already or any restrictions in dietary intake recommended by other health care practitioners before starting on any change in diet.

Signature

Date

Print name here

Informed Consent Form for Chinese Herbal Medicine

The Use of Herbs

Herbs are plant-based substances that can be used to enhance, maintain and restore optimal health and wellness. Herbs are one choice for optimal health, which includes attention to body, mind and spirit. TCM herbs are not recommended to replace prescribed medications. It is advised that clients seek and continue medical care when indicated.

Regulation of Herbs as Dietary Supplements

The FDA regulates herbs as dietary supplements. This regulation is not the same as over the counter and prescription drug products. Herbal manufacturers are responsible for ensuring that dietary supplements are safe before they reach the market. The FDA can be contacted by mail, telephone or on the internet regarding concerns or complaints. Warnings and actions are listed on their web site. The Federal Trade Commission regulates dietary supplement advertising and holds manufacturers responsible for truthful and non-misleading product label information.

Side effects

The historical record and modern research indicate that TCM herbal products have an exceptional safety record. However, adverse events can occur after using any active substance. Side effects that have been reported after using herbs include headaches, skin rashes and digestive upset. Allergic reactions are also very rare but have been reported, usually in individuals with contact allergy to specific plants.

Herb-drug interaction

Although speculative interactions between herbs and drugs are sometimes publicized, confirmed cases are rare. Nevertheless, some prescribed drugs are very strong and have a narrow range of safe dosage, which makes any interaction more risky. It is the responsibility of the patient to disclose fully any medications currently in use, including other herbs and supplements. We also request that you inform your physicians of any herbs or supplements you are using. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb should be reported directly to all health professionals involved. It is also advisable to stop taking herbs at least 48 hours before any surgical procedure, and in the event of being prescribed anticoagulants, antiepileptic drugs, anti-viral medication and digoxin until expert advice is received.

Toxicity

Client health & safety is our paramount concern. We will not prescribe TCM supplements at doses known to have toxic effects. The organs that are most vulnerable to any potent substances are the liver and kidneys, and it will be important for the client to divulge any previous history of disease in either of these organs. Herbs also should not be used in pregnancy or lactation; if you become pregnant you should stop taking herbs until advice is received.

I have read the above information and agree to follow the advice of the UBAI supervisor about the taking of the TCM herbal products.

Signature

Date

Print Name

I have been informed of the nature and purpose of all procedures being recommended to me as treatment. I have also been informed of the possible consequences and risks inherent in such treatment. The availability of alternative treatment options has been explained to me. I have also been advised of the possible consequences if I decide not to receive care. I understand that there is no guarantee or warranty for any specific result of the care I receive at the UB Health Sciences Center.

I further understand that the University of Bridgeport Health Sciences Center is a teaching facility. As such, I hereby give my consent to allow students and/or faculty to observe my visits and/or treatments for educational purposes. I also understand that the clinics may also create and distribute de-identified health information by removing all references to individually identifiable information for research, assessment, training and other normal operations of a teaching clinic. I realize I may terminate this privilege at any time by providing a written request to the clinical supervisor or Senior Services Coordinator. (See HIPAA notification for details.)

I have read the above information and I understand the information provided within this document. This information has been explained to me and all questions which I have asked have been answered to my satisfaction.

I, _____, agree to have any or all of the above treatments as indicated by checking the "accept" or "decline" boxes.

Signature

Date

Print name here

If the patient is a minor or unable to consent:

Signature of person legally responsible for the patient

Date

Print name of person legally authorized here