

Clinic of Janet Lee Cook, Licensed Acupuncturist & Chinese Herbalist

Informed Consent to Oriental Medical Health Care

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by the licensed acupuncturists on staff at the clinic of Janet Lee Cook who now or in the future treat me while employed by, working for, associated with, or substituting for the clinic of Janet Lee Cook, including those working at this clinic or any other associated clinics: acupuncture and other Oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on a variety of areas of my body, observation, range of motion, muscle and orthopedic testing, heat and/or cold therapy, electrical and/or magnetic stimulation, cupping and/or moxibustion, the prescription of herbal medicines and homeopathic medicines as well as dietary supplements, dietary recommendations, exercise advice and healthy lifestyle recommendations.

I understand that I have opportunities to discuss with my professional practitioners and/or with other clinic personnel the nature and purpose of acupuncture and Oriental medical procedures. Although I am aware that acupuncture and the other procedures used in Oriental medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that, as in the practice of conventional Western medicine, in the practice of Oriental medicine there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but are not limited to: bleeding, bruising, pain or other strong sensation at the location of needle insertion or where radiating from that location, nerve pain, burns, aggravation of current symptoms, appearance of new symptoms and general aches. Other uncommon but possible risks include pneumothorax (punctured lung), puncture of other organs, sprains, strains, dislocation, fractures, disk injuries and strokes. I do not expect that the practitioners are able to anticipate and explain all risks and complications; I wish to rely on the practitioners to exercise such judgment during the course of my treatment as the practitioner believes at the time to be in my best interest, based on the facts then known.

I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content. By signing below, I agree to the above named procedures and conditions of treatment. I intend for this consent form to cover the entire course of treatment for my present condition and any future condition(s) for which I seek treatment at the clinic of Janet Lee Cook.

Patient's Name (Please print.)

Patient's Signature

Print Name of Patient's Representative (if applicable).

Relationship or Authority of Patient's Rep.

Signature of Patient's Representative (if applicable)

Date Signed