

Pegasus Acupuncture & Natural Health
2102 North Alder Street
Tacoma, WA 98406
Acupuncture and Chinese Medicine Consent Form

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Cornelia Moynihan, L.Ac.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, guasha, Plum Blossom or Seven Star Hammer, electrical stimulation, Tui-Na (Oriental massage), Chinese herbal medicine and nutritional counseling. I understand that herbs may need to be prepared and teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of herbs.

Acupuncture: insertion of special sterilized needles through the skin into underlying tissues at specific points on the surface of the body.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. You may also have aggravation of symptoms existing prior to the treatment.

Cupping: a technique used to relieve symptoms in which cups made of glass, bamboo or other materials are placed on the skin with a vacuum created by heat or other devices.

Plum Blossom or Seven Star Hammer: a light tapping of an area of the body with a small sterile hammer which has seven points.

Gua Sha: rubbing or scraping on an area of the body with a blunt, round or flat instrument.

Moxibustion: (Moxa) A technique using dried herbs that are rolled into a ball, string, stick or small pellet then burned directly on or indirectly over the skin to warm the area and relieve symptoms.

You may have bruising, burning, tingling, discomfort, scarring, blistering as a result of cupping, Plum Blossom, Seven Star Hammer, gua sha or moxibustion.

Herbs & Nutritional supplements: may be given in the form of pills, powders, tinctures, pastes, plasters and other forms such as raw herbs which may need to be cooked. Cooked herbs may be given to take internally or externally as a wash. Herbal formulas may include, shell, mineral and animal materials. Note: over 98% of herbs used are of plant origin. Occasionally a condition calls for the use of an animal product. The substances described above are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in large doses.

I understand that some herbs may be inappropriate during pregnancy. I will notify my acupuncturist/herbalist if I am trying to become pregnant or are pregnant. Some possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand what while this document describes the major risks of treatment, other side effects and risks may occur. I do not expect my acupuncturist to be able to anticipate and explain all possible risks and complications of treatment. I wish to rely on my acupuncturist to exercise judgment during the course of treatment which she thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand that my acupuncturist and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

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, herbs and other procedures, and have had the 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.

I hereby release the acupuncturist named below from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Printed Name: _____ **Date of Birth:** _____

Your Signature: _____ **Date:** _____
(indicate relationship if signing for patient)

Cornelia Moynihan, L.Ac _____ **Date:** _____