

Informed Consent

I consent to acupuncture treatments and related procedures, associated with Traditional Chinese Medicine (TCM), by Michelle Spina, L.Ac., MTOM. I have discussed the nature and purpose of my treatment with her and I understand that the methods of treatment may include but are not limited to acupuncture, moxibustion, cupping, gua sha and NAET.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, itching, tingling or redness at the site of insertion, which may last for a few days. Burns and scarring are potential risks of using moxibustion. Bruising is a probable side effect of both gua sha and cupping.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment. I understand that the practitioner may review my medical records and reports, but all of my records will be kept confidential and will not be released with out my written consent.

I will notify Michelle Spina, L.Ac., MTOM if I become pregnant.

By voluntarily signing below, I consent to be treated by Michelle Spina, L.Ac., MTOM. I have been told about the risks and benefits of TCM and have had the opportunity to ask questions. I intend this consent for to cover the entire course of treatment for both the present condition and for any future conditions for which I seek treatment.

Signature of patient or patient representative

Date

Cancellation Policy

I agree to pay the full price of a session if I do not comply with notifying Michelle Spina, L.AC., MTOM within 24 hours of my scheduled appointment time.

Signature of patient or patient representative

Date