

Cheryl DePetro M.Ac. L.Ac.; MSW/LCSW-C
Licensed Acupuncturist UO1507
Consent to Treatment

Acupuncture is performed by placing thin, sterilized needles in the ear and body. Treatment may also include the application of heat to your skin, moxa, cupping, gua sha and ear magnets, seeds or needles.

Voluntary

I hereby voluntarily consent to be treated by acupuncture. I understand I may be treated with needles and/or with the application of heat to the skin, moxa, cupping, gua sha and ear needles, magnets or seeds.

I have not been guaranteed any success concerning the uses and effects of acupuncture. I understand I am free to discontinue treatment at any time.

Possible Side Effects/Healing Reactions

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain and discomfort, and temporary aggravation of symptoms existing prior to treatment. Conventional medical therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed physician. Please do not use alcohol for at least 24 hours following a treatment as the effects may be enhanced.

Medical Referral

I understand if there is a worsening of my ailment or condition or if a new ailment or condition arises, that I should consult a licensed physician. I also understand that if I am currently under a physician's care I should continue as long as my physician deems it necessary.

Infectious Disease/Clean Needle Procedures

I understand that there is infectious disease carried through the air, through physical contact, and through body fluids. I understand acupuncture practitioners follow universally prescribed precautions to guard against the spread of infection.

In the case of blood-borne infections, such as hepatitis or HIV, I understand that Cheryl DePetro follows strict precautions and uses only sterilized, prepackaged, disposable needles. Needles that are used for my treatment are used only on me, and are inserted according to clean procedures based on nationally prescribed standards.

Patient Name (Printed)

Patient Signature

Date

Practitioner Name

Practitioner Signature

Date