

Nourishing Medicine's Consent to Treat Form

By signing below, I do hereby voluntarily consent to be treated with acupuncture, massage therapy and/or substances from the Oriental Materia Medica by Elie Cole, Lac. I understand that Licensed Acupuncturists practicing in the state of Oregon are not primary care providers and that regular primary care by a licensed M.D. or D.O. is an important choice that Elie Cole, Lac. strongly recommends.

Acupuncture/Moxabustion

I understand that acupuncture/moxabustion is performed by the insertion of needles through the skin or by the application of heat to the skin (or by both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological functions. I have been made aware that certain adverse side effects may result. These include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort and the possible aggravation of symptoms existing prior to acupuncture/moxabustion treatment. I understand that there are no guarantees concerning its use and effects that I am free to stop acupuncture or moxabustion treatment at any time. I understand that if I receive direct moxabustion as a part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

Electro-Acupuncture

I understand I may be asked to have electro-acupuncture administered with the acupuncture. I have been made aware that certain adverse side effects may result which may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment.

Chinese Herbs/Supplements

I understand that substances from the Oriental Materia Medica and/or nutritional supplements may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological functions. I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I have been made aware that certain side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movements, slight abdominal cramping or discomfort and possible aggravation of symptoms existing prior to herbal treatment. Should I experience any problems that I associate with these substances, I should suspend taking them and call the practitioner who prescribed them to me as soon as possible.

Massage Therapy

I understand that I may also be given massage therapy in the form of Asian and/or western-style massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I have been made aware that certain adverse side effects may result from treatment. These could include, but are not limited to: muscle soreness and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop this therapy if it is uncomfortable.

I understand that there may be other treatment alternatives, including treatment that might be offered by a licensed physician. I have carefully read and understand all of the above information and am fully aware of what I am signing. I give my permission and consent to treatment.

Signature

Printed Name

Date: