

Mona Searles ANP LAc  
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I, \_\_\_\_\_, hereby acknowledge that being treated with traditional Chinese Medicine can include the following techniques:

1. Insertion of acupuncture needles into my body at various depths and locations. These needles are sterile, used only once and may vary in size depending on the location applied.
2. Heat treatments using *Artemesia vulgaris* (moxibustion) or a conventional heat lamp may be placed on or near any part of my body. Heat generated from the moxa treatment is not intended to cause discomfort or burns. I will tell Ms. Searles **immediately** when I sense a heat sensation on the skin.
3. A massage technique called “gua sha” may produce red or purple discoloration of the skin (similar to a bruise) which may remain for 1-7 days. There may also be a slight tenderness in the area treated.
4. A method called “cupping” involves placing glass cups over the skin to produce a vacuum and promote the circulation of “Qi” or energy, through the meridians. Cupping may also produce skin discoloration which may remain 1-7 days after the treatment.
5. Electro-acupuncture may be performed in cases of pain or stagnation in order to facilitate the movement of qi. This technique involves clipping a wire to the inserted acupuncture needle in order to deliver a mild electrical current. I acknowledge that I may experience a slight buzzing or tingling sensation around the needle.
6. The practitioner may leave “press seeds or magnets” on my ears to stimulate after the treatment at home. I will receive directions on how to care for the press seeds and when to remove them.
7. I may also receive herbal prescriptions or recommendations pertaining to nutrition, diet, exercise, or other life-style habits. I understand that I am not required to take these herbal substances. If I do decide to take them I must follow directions for proper administration.
8. The practitioner may instruct me in the use of repetitious Qi Gong exercises to do at home to facilitate the movement and development of Qi in my body.

## **Risks and Further Considerations of Treatment**

1. Acupuncture is a safe method of treatment when administered by a qualified licensed practitioner however bruising, numbness, or tingling near the needling site may occur and last a few days following treatment.
2. Dizziness or fainting is an uncommon reaction (most often associated with fear and excitement of the first experience with acupuncture and or low blood sugar) Please inform Ms. Searles if you haven't eaten for **6 hours** prior to your treatment and a snack can be provided. Patients who experience dizziness or faintness initially generally are able to have subsequent treatments without further adverse reactions. Needles will be removed immediately if you request them to be taken out.
3. Unusual risks of acupuncture include spontaneous miscarriage in pregnant women, nerve damage or organ puncture, including lung puncture (pneumothorax). Please tell Ms. Searles **if there is a chance that you are pregnant prior to receiving acupuncture**. Placement of acupuncture needles should not result in a persistent electrical nerve sensation- please let Ms Searles know immediately if you are experiencing ongoing discomfort. Needles will be repositioned or removed at your request.
4. Herbal products are an important facet of your treatment with traditional Chinese Medicine. Quality herbal product are selected or recommended from reputable herbal suppliers. Highest standards of purity and safety possible are considered with selection of herbal products. Modern research and historical experience has supported safe and effective use of herbal formulas as prescribed by Ms. Searles. Further information about specific herbal products recommended can be provided to you on request. Some possible side effects with herbal medicines may include stomachaches, diarrhea, constipation, nausea, rashes, headaches and effects on the liver and kidneys.
5. I do not expect my clinician to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on her professional judgment during the course of treatment to provide treatment which is based upon facts and or information known to be in my best interest.

By voluntarily signing below, I indicate that I have read, or have had read to me, the consent to treatment. I have been told about the risks, benefits and other procedures offered to me. I have had an opportunity to ask questions and ask about alternatives to presented treatments. 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.

**Patient Signature:** \_\_\_\_\_  
**Patient's Legal Guardian (relationship)** \_\_\_\_\_ **Date** \_\_\_\_\_

