

Naomi Manditch, L.Ac.
Fieldlab Acupuncture

I. MEMBER ADVISORY TO CONSULT A PRIMARY HEALTH CARE PROVIDER

Fieldlab Acupuncture is committed to your health and well-being. I believe that while Oriental Medicine has a great deal to offer as a health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, I recommend that you consult your primary health care provider regarding any condition or conditions for which you are seeking acupuncture treatment.

**We, the under-signed, do affirm that _____ (member)
Has been advised by Naomi Manditch at Fieldlab Acupuncture to consult a primary health care provider
regarding the condition or conditions for which such patient seeks acupuncture treatment.**

Member Signature: _____ **Date:** _____

Clinical Staff: _____ **Date:** _____

II. INFORMED CONSENT TO ACUPUNCTURE TREATMENT

I consent to acupuncture treatments and other procedures associated with the practice of traditional Oriental Medicine provided by Naomi Manditch at Fieldlab Acupuncture. I have discussed the nature and purpose of my treatment with the member of the clinical staff named below.

I understand that methods of treatment may include but not limited to: acupuncture, moxibustion, cupping, Tui Na (Chinese massage), and shiatsu.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including: bruising, numbness or tingling near the needling sites that may last a few days, and dizziness of fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this site uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal and mineral sources), which may be recommended, are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some side effects include: diarrhea, rashes, hives and tingling of the tongue.

I will notify the clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatments, and I wish to rely on the clinical staff to exercise judgment during the course for treatment which the clinical staff thinks at the time, based upon the facts known to them, is in my best interests.

I understand the clinical and administrative staff may review my medical records and lab reports and that portions of my record may be used for teaching or research purposes, however my name and identifying information will not be disclosed. Otherwise all of my records will be kept confidential and will not be released to any party without my written consent.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition for any future condition(s) for which I seek treatment.

To be completed by member (or member's representative if the providing member is a minor or is physically or legally incapacitated).

Print name of Member: _____

Signature of Member or Representative: _____ Date: _____

Print name of Member Representative (if applicable): _____

To be completed by the member of the Clinical Staff providing information and obtaining consent.

Print name of clinical staff: _____ Signature: _____