Acupuncture Plus
A division of Martial Arts Plus Acupuncture Equals Health, Inc.
"Balancing Lives for a Brighter Future Step by Step"
310 E. Monte Vista Ave., Suite B, Vacaville CA 95688
(707) 455-0638 • www.acupunctureplus.us

Informed Consent to Acupuncture and Oriental Medicine Treatment and Care

Name of Acupuncturist Treating this Patient: Dr. (Shihan) Mary Bolz, L. Ac., MSc.OM, DAOM

I hereby request and consent to the performance of procedures which are within the scope of practice of acupuncture and Oriental medicine including, but not limited to, acupuncture, moxibustion, cupping, electro-acupuncture, herbology, or various modes of physiotherapy, on me (or on the patient named below, for whom I am legally responsible) by the acupuncturists named above, and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back up for the acupuncturist named above, including those working at the clinic or office listed above whether signatories to this form or not.

Although acupuncture is an exceptionally safe medicine, I understand and am informed that there are some minor temporary side effects possible after acupuncture and Oriental medicine treatment, including, but not limited to, slight bruising, tingling near the needling sites that last a few days, (rarely) fainting or nausea. I understand that some herbs may be inappropriate during pregnancy. If I suspect that I am pregnant, I will immediately inform the acupuncturist. If I experience any gastrointestinal upset or allergic reaction to the herbs, I will inform the acupuncturist.

I do not expect the acupuncturist to anticipate or explain all possible complications and risks, and I wish to rely on the acupuncturist to exercise judgment during the course of the procedure which the acupuncturist feels at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I have read, or have had read to me, the above consent. I also understand that I may ask questions about its content if so I wish. By signing below, I agree to acupuncture or any modalities within the scope of practice of acupuncture procedures. I intend this consent form to cover the entire course of treatment for my past or present condition and for any future conditions for which I seek treatment.

I understand that my consent to and treatment performed is between myself and Martial Arts Plus Acupuncture Equals Health, Inc. only and not between myself and any one individual, whether an acupuncturist or any representative of Martial Arts Plus Acupuncture Equals Health, Inc.

_____ _____

Signature of Patient or Patient's Representative | Date

_____ _____

Print Representative's Name | Print Patient's Name (If different from person responsible for payment)