



Consent to Treatment

I hereby voluntarily consent to be treated by, fAe gibson, L.Ac., Megan Bell, L.Ac., and/or Elizabeth Gibson, L.Ac., with Chinese Medicine procedures, which may include acupuncture, moxibustion, cupping, gua sha, acupressure, tuina, Chinese herbal medicine, or nutrition and lifestyle counseling. fAe gibson, Megan Bell and Elizabeth Gibson are all licensed acupuncturists in the state of Pennsylvania.

I understand that acupuncture is performed by the insertion of sterile needles through the skin, or by application of heat to the skin, or both, at certain points on or near the surface of the body in an attempt to treat body dysfunctions or diseases and to normalize the body's physiological functions.

I understand that all of my patient records, as well as information I share with my acupuncturist will be kept confidential. No records or information will be released without my written consent.

While acupuncture is generally a safe method of treatment, I am aware that certain side-effects may result. These could include, but are not limited to, some local bruising, bleeding, dizziness, fainting, temporary pain and discomfort, numbness or tingling near the needling sites that may last a few days and temporary aggravation of symptoms in existence prior to treatment.

I am aware that if there is a worsening of my ailment or condition or if it does not improve within the time estimated by the acupuncturist, or if a new ailment or condition appears that I should consult my personal physician.

I understand that I should inform my acupuncturist prior to being treated if I believe I might be pregnant.

I understand that no guarantee concerning acupuncture's use and effects are given to me, and that I am free to stop acupuncture treatment at any time.

None of the foregoing provisions preclude the administration to me of conventional medical therapy by a licensed physician when such therapy is deemed appropriate.

I understand that I will be charged the full fee for not showing for an appointment(s). I understand I am to call to cancel.

I have carefully read and understand all the foregoing and so am fully aware of what I am signing. I have felt free to ask any questions.

Patient:

Print: _____

Sign: _____ Date: _____