

Scarsdale Health & Wellness

I, the undersigned, understand that the methods of treatment used in this practice may include, but are not limited to, acupuncture, bodywork, cupping, gua sha, cutaneous seeds and nutritional counseling.

I understand that acupuncture is a safe method of treatment. Potential risks include temporary bruising, swelling, itching, tingling, or numbness at the needling site. These sensations may last for several days. Unusual risks of acupuncture include dizziness, fainting, or nerve damage. Infections are possible although the clinic uses alcohol and sterile single use disposable needles and maintains a safe and clean environment. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I understand that herbal and nutritional supplements recommended to me by my acupuncturist are safe in the recommended doses. Large doses of herbs taken without my practitioner's recommendation may be toxic and some herbs are inappropriate during pregnancy. Some possible side effects of herbs or supplements are nausea, gas, stomachache, vomiting, headache, rash, diarrhea, hives or tingling of the tongue. I understand I must stop taking any herbs and notify my acupuncturist as soon as I experience discomfort or adverse reactions.

I understand I can discuss risks and benefits further with practitioner before signing if I choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his judgement in my best interest during the course of treatment based upon the facts then known.

In signing this form, I acknowledge any inherent risks, and give my consent to treatment.

Signature: _____

Date: _____