

Informed Consent to Oriental Medical Healthcare

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by the licensed acupuncturist (Sarah Senter Luikart, L.Ac. TX AC00885) who now or in the future will treat me while employed by, working at, or associated with Sarah Senter Luikart, LAc: acupuncture and other oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on variety of areas of my body, observation, range of motion, muscle, and orthopedic testing; modes of manual or physical therapy such as massage, cupping, heat and/or cold therapy (including moxibustion) and electrical/magnetic stimulation; the prescription of herbal and homeopathic medicines as well as dietary supplements; dietary recommendations, exercise advice and healthy lifestyle counseling.

I have had an opportunity to discuss with my professional practitioner, and/or with other clinic personnel the nature and purpose of acupuncture and Oriental Medicine procedures. Although I am aware that acupuncture and the other procedures used in Oriental Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implicated.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of Oriental Medicine there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but are not limited to: bleeding, bruising, pneumothorax (punctured lung), puncture of other organs, pain or other strong sensations at the location where a needle is inserted or radiating from that location, nerve pain, burns, aggravation of current injuries, dizziness, and strokes. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and by signing this informed consent I acknowledge the risks and possible complications associated with acupuncture treatment. I wish to rely on the acupuncturist to exercise such judgement, during the course of my treatment, as the acupuncturist feels at the time, based on the facts known to be in my interest. I authorize the practitioner to perform any necessary services needed during diagnosis and treatment.

I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. 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 at Sarah Senter, LAc.

Patient's Name (please print)

Patient's Signature

Date signed

Name/Relationship of Patient's Representative (if applicable)

Signature of Patient's Representative

Date signed