Mary Fitzgerald R. Ac – Consent Form

VOLUNTARY TREATMENT

I voluntarily consent to receive acupuncture treatments by Mary F. Fitzgerald, C.Ac. The procedures involved in treatment have been explained to me and I have felt free to ask questions. I understand that I may be treated with the insertion of needles and/or with the application of heat to the skin.

I have not been guaranteed any success concerning the uses and effects of acupuncture. I understand that I am free to discontinue treatment at any time.

I will notify the acupuncturist should I become pregnant or if I am trying to become pregnant.

POSSIBLE SIDE EFFECTS AND HEALING REACTIONS

I understand that acupuncture may result in certain side effects, including: local bruising, slight bleeding, numbness or tingling near the needling sites that may last a few days, temporary pain or discomfort, temporary aggravation of symptoms existing prior to treatment and in rare cases, dizziness or fainting.

MEDICAL REFERRAL

I understand that if there is a worsening of my ailment or condition, or if a new ailment or condition arises, I should consult my medical doctor. Acupuncture treatment is a compliment to and not a substitute for Western medical care. Certain conditions may be best addressed in partnership with my medical doctor or other health provider.

INFECTIOUS DISEASE AND CLEAN NEEDLE PROCEDURES

I understand that there are infectious diseases carried through the air, through physical contact, and through body fluids. I understand that my acupuncture practitioner follows universally prescribed precautions to guard against the spread of infection. My practitioner uses only sterilized, prepackaged, disposable needles. Needles that are used for my treatment are used only on me and are inserted according to clean procedures based on nationally prescribed standards.

PAYMENTS AND CANCELLATIONS

I understand that payment is due at the time of treatment. In order to prevent being charged a $60 cancellation fee, I agree to give at least 24 hours notice of cancellation.

_____   _____
NAME (PLEASE PRINT)   DATE

_____
SIGNATURE