

## **Treatment Consent Form**

I hereby voluntarily consent to be treated with acupuncture and/or herbal substances by **Maggie Zadikov** Licensed Acupuncturist (Oregon License AC00271), Diplomate Acupuncture certified by the National Commission for the Certification of Acupuncturists and Oriental Medicine. I understand that Licensed Acupuncturists practicing in the state of Oregon are not primary care providers and that regular primary care by a licensed MD or DO is highly recommended by Maggie Zadikov LAc.

### **Acupuncture**

I understand that acupuncture is performed by the insertion of sterile disposable needles through the skin at certain points on my body. I understand this treatment is intended to improve bodily function and/or to relieve or prevent pain perception. I am aware that certain adverse side effects may result. These include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort and the possible aggravation of systems existing prior to the acupuncture treatment.

### **Electro-acupuncture**

I understand I may be asked to have electro-acupuncture administered. I am aware that certain adverse side effects may result including, but not limited to: mild electric sensation, pain or discomfort and the possible and aggravation of pre-existing symptoms.

### **Moxibustion/moxa**

Moxibustion is the application of heat to the skin at certain points or areas near or on the surface of the body. Moxa can be applied indirectly or directly. I understand that if I receive direct moxa as part of therapy there is a risk of burning or scarring from its use. I understand that I may refuse this therapy. I am aware that a heat lamp (TDP lamp) may also be used instead of moxibustion.

### **Chinese Herbs**

I understand that substances from the Chinese Materia Medica may be recommended to me as appropriate within the Acupuncturist's scope of practice. These may assist in treating bodily imbalances or diseases. I understand that I have a choice about whether or not to take Chinese herbs. If I do take Chinese herbs, I will follow directions for their administration and dosage. I have been made aware that certain side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movements, slight abdominal cramping or discomfort and possible aggravation of pre-existing symptoms. Should I experience any problems associated with these substances, I will suspend taking them and call the Acupuncturist as soon as possible.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I give my permission and consent to treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_