



BETTINA SCHULER
M.S., L.A.C.

INFORMED CONSENT

Patient Advisory to Consult a Physician

While Oriental medicine has a great deal to offer as a health care system, it cannot totally replace the resources available through traditional Western medical practices. Consequently, it is recommended that you consult a physician regarding any condition(s) for which you are seeking Oriental medicine.

We, the undersigned, do affirm that _____ (patient name) has been advised by Bettina Schuler, L.Ac. to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.

_____ Patient Signature _____ Date

_____ L.Ac. Signature _____ Date

Informed Consent to Acupuncture Treatment

I understand that methods of treatment may include but are not limited to: acupuncture, acupressure, therapeutic massage(s), bioelectrical stimulation, moxibustion, cupping therapy, scraping therapy, medical aromatherapy, and reiki. Acupuncture is a safe method of treatment with a history of over 2,500 years. However, acupuncture may have side effects such as dizziness, fainting, bruising, numbness or tingling near the needling sites that, on rare occasion, may last a few days. Slight bruising is a possible side effect of the cupping and scraping therapy. Mild burns and/or scarring are a possible risk of moxibustion. Highly unusual risks of acupuncture may include infections, spontaneous miscarriage, minor nerve damage, and organ puncture. The acupuncturist complies with strict protocols for needle usage and associated healing modalities. I understand while this document describes the possible risks of treatment, other side effects and risks may occur.

I give my consent to having acupuncture treatments and other procedures associated with Traditional Oriental medicine by the licensed acupuncturist named above and/or other licensed acupuncturist who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named above, whether signatories to this form or not. I will notify my treating acupuncturist in the event I become pregnant or suspect that I am pregnant before each treatment begins. I have discussed the nature and purpose of my treatment with the treating acupuncturist.

Informed Consent to Herbal Medicine

Oriental medicine uses and recommends herbs and nutritional supplement from plant, animal, and mineral sources which are traditionally considered safe in Oriental medicine practices. However, taking large doses may be toxic. Herbs may have an unpleasant smell or taste. Possible side effects from taking herbs are nausea, stomachache, vomiting, diarrhea, rashes, hives, and tingling of the tongue. Some herbs may be inappropriate during pregnancy. I will notify my treating acupuncturist if I am pregnant or suspect that I am pregnant before each treatment begins. I understand that the recommended herbs need to be prepared and the tea consumed according to the instructions provided orally and in writing by the attending acupuncturist. I will immediately notify my acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbal recommendations.

I understand that it is my responsibility to inform my treating acupuncturist if I become pregnant or suspect that I am pregnant before each treatment begins.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment. I wish to rely on the acupuncturist to exercise judgment in my best interest during the course of treatment(s) which is (are) determined based upon the facts clearly presented to the acupuncturist prior to treatment. All of my records will be kept confidential and will not be released to any party without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the entire contents of this Informed Consent Form. I understand the risks and benefits of acupuncture and other associated procedures. I have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment by the treating acupuncturist.

Patient Name or Patient Representative

Signature of Patient or Patient Representative

Bettina Schuler, M.S., L.Ac.

Date of Consent