

Mari Kubota LAc.
Acupuncture, Massage, Herbal Medicine, and Reiki
marikubotalac@gmail.com
(510) 770-MARI (6274)

Informed Consent – Acupuncture:

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture by the acupuncturist Mari Kubota on myself or on the patient named below, for whom I am legally responsible.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese Massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may occasionally have some side effects, including bruising, numbness, tingling or pain near the needling site that may last a few days, and in rare cases, dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Extremely rare risks of acupuncture include spontaneous miscarriage, nerve damage, organ puncture, including lung puncture (pneumothorax), or infection although the acupuncturist uses sterile disposable needles and maintains a clean and safe environment.

The herbs and nutritional supplements that may be recommended are from plant, animal and mineral sources and are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. Please notify the acupuncturist if you choose to avoid animal products. This clinic does not use products containing endangered species. I understand that some herbs and supplements may be inappropriate during pregnancy. If I experience any gastrointestinal upset or allergic reactions to the herbs, I will discontinue use and inform an acupuncturist.

I understand that the acupuncturist is not providing Western medical care, and that acupuncture is not a replacement for diagnostic medical procedures and treatments. Certain conditions may require evaluation and/or treatment by a Western physician.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment based upon the facts then known is in my best interest. I understand the results are not guaranteed.

I have read, or have had read to me, and completely understand the risks and benefits of acupuncture treatment, and have had an opportunity to ask questions. 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.

Patient name (please print)

Date

Patient (or patient representative) signature