MASSAGE INFORMED CONSENT TO TREAT Stellar Acupuncture Dr. Miranda Gensler

Contact Information Today's Date:_____ /_____/_____

Name:_____ Sex: F ☐ M ☐ O ☐ DOB:____/___/_____

Age:_____

Street:_____ Email(reminders) :_____

City:_____ State:_____ Zip:_____ Your Phone #:_____

Emergency Contact:_____ Their Phone #:_____

I hereby request and consent to the performance of treatment and other procedures within the scope of the practice on me (or on the patient named below, for whom I am legally responsible) by Dr Miranda Gensler LA.c and/or other licensed acupuncturists or massage therapists who now or in the future treat me while employed by, working or associated with or serving as back-up for Dr Miranda Gensler LA.c including those working at the clinic or office of Dr Miranda Gensler or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to massage, Tui-Na (Chinese massage), myofascial release, acupuncture, moxibustion, cupping, electrical stimulation, 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 a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I understand that acupuncture while generally a safe method of treatment, may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Very rare risks of acupuncture may include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involved the use of heat lamps. Bruise like marks are a common side effect of cupping. Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant. I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed. I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

Do you know or think you may be pregnant? _____

_____	_____	_____
Patient Signature (or Patient Representative)	Date	**(Indicate relationship if signing for patient)**

Printed Name_____