

Jade Blossom Acupuncture  
Julie Luker, Licensed Acupuncturist

**Client Agreement**

All clients must agree to the following statements while receiving treatment from Julie Luker, L. Ac.

1. I understand that I am to speak quietly when in the clinic, and respect other clients receiving treatment. I understand that cell phones are to be turned off when in the waiting room, and during treatment.
2. I acknowledge that it is best if I eat a moderate meal prior to receiving acupuncture. It is not optimal to receive acupuncture when hungry.
3. After a treatment, it is recommended to drink extra water to support the body, flushing out toxins which have been released in the body.
4. I understand it is best to continue all other treatments I am on: medication, therapy, chiropractic, etc.
5. I understand that therapies provided by Julie Luker are not a replacement for medical care. Julie does not provide allopathic diagnoses, and does not recommend or condone abandonment of traditional biomedical treatment.
6. I understand that I am to notify Julie Luker within 24 hours before a scheduled appointment if I am unable to keep the appointment. I acknowledge that I am liable for payment for missed scheduled appointments. If I am late for my appointment by 15 minutes or more, the appointment may be cancelled and I may be liable for payment.
7. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions/symptoms to Julie Luker prior to treatment. I agree not to hold Julie Luker liable for any problem(s) that might arise as a result of my acupuncture treatments.
8. As with any drug, Chinese herbal medicines may cause interactions with prescription medications, OTC medicines, OTC herbal supplements, and OTC nutritional supplements. I agree to bring a complete medication, herb, and supplement list to my first visit, and will keep Julie Luker informed of any changes in my medical regimen.
9. I will not wear cologne, perfume, or strongly scented lotion on the day of my appointment. Many of our clients are allergic or sensitive to them.

I have read and understood the above clinic rules and regulations and agree to abide by them.

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Patient's signature

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Date

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Patient's printed name