

Jade Blossom Acupuncture
Julie Luker, Licensed Acupuncturist

Informed Consent to Oriental Medical Health Care

I hereby request and consent to the performance of the following on myself (or the patient named below, for whom I am legally responsible) by Julie Luker, L. Ac.:

- Acupuncture and other Oriental Medical procedures including diagnostic techniques such as questioning, pulse evaluation, tongue evaluation, abdominal evaluation, observation, range of motion, muscle or orthopedic testing
- Manual or physical therapy including cupping, direct moxabustion, Zen Shiatsu, Tuina, Jin Shin Do, electrical stimulation
- The prescription of herbal therapy, dietary supplements; dietary recommendations
- Exercise advice and healthy lifestyle counseling.

I have had an opportunity to discuss with Julie Luker, L. Ac. and/or other clinic personnel the nature and purpose of Acupuncture and Oriental Medicine. Although I am aware that Acupuncture and the other Oriental Medicine procedures have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of oriental medicine there are some risks to treatment. I understand that although these risks are highly unlikely to occur, they are possible. I understand that these risks include, but are not limited to: bleeding, bruising, burns, pain or other strong sensation at the location of needle insertion or radiating from that location, nerve pain, aggravation of current symptoms (healing crisis), appearance of new symptoms, or general aches and pains. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist's judgment during the course of my treatment.

I have read (had read to me) this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intent 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 from Julie Luker, L. Ac

Patient's name (please print)

Patient's signature

Date signed

Witness

Print Name of Patient's Representative (if applicable)

Relationship of Patient's Representative

Signature of Patient's Representative (if applicable)

Date signed