

Informed Consent and Disclosure

I, _____, request and consent to the performance of acupuncture and other Oriental Medicine by Andrea Cillo, M.S., L.Ac.

I understand that my signature on this form indicates that I have read and understand the following information regarding treatment. I understand that if I have any questions about the information, I should ask the practitioner.

I understand that New York State Law requires that I be advised when seeking an acupuncture treatment to consult a physician, i.e. a medical doctor, regarding the condition(s) for which I am receiving treatment. My signature below affirms that this advice has been given to me.

Nature of Treatment

The treatment modalities may include but are not limited to acupuncture, acupressure, massage, moxabustion, cupping, gua sha, infrared heat, Chinese Herbs, and nutritional counseling within the scope of practice of Oriental Medicine. I understand that my practitioner will explain the nature of the treatment modalities being used.

Purpose of Treatment

I understand that the purpose of the treatment is to resolve my complaint.

Benefits of Treatment

I understand that acupuncture and Oriental medicine procedures have been used effectively to treat disease for hundreds of years. However, there is no guarantee with the outcome of any course of treatment.

Possible Risks of Treatment

I understand that Oriental Medicine procedures have been shown to be safe and effective. However, I also understand that there are some potential risks. These may include but are not limited to discomfort during or after the insertion of a needle, dizziness or fainting (often due to fear, anxiety, or hunger), local bleeding, or localized bruising or swelling.

Contraindications: I understand that some acupuncture points and herbs are not to be utilized during pregnancy. I will inform my practitioner if I am or may be pregnant.

Patient's Name (Please Print): _____

Patient's Signature: _____

Date: _____