

Spirit Farmer Acupuncture

Anna Werderitsch, L.Ac | 707 Zion St Unit B1 | Nevada City, CA 95959

INFORMED CONSENT/ OFFICE POLICY

I do hereby voluntarily consent to be treated with acupuncture, Chinese medicinal herbs and Oriental medicine by Anna Werderitsch, L.Ac. Depending on my need I understand that certain healing modalities may be used by Anna. I consent to the possible application of these modalities listed below..

- **Acupuncture:** I understand that acupuncture is performed by the insertion of sterile single use needles through the skin at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. Certain adverse side effects may result from acupuncture. These could include, but are not limited to: local bruising, minor bleeding, dizziness, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.
- **Moxibustion:** I understand that if I receive direct moxibustion as part of therapy, there **may be burning or scarring of the skin from its use.** In fact, burning and scarring may even be a part of the therapeutic action, and may be intentional, on the part of the practitioner. I understand that I may refuse this therapy.
- **Herbs:** I understand that medicinal herbs may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, nausea & vomiting, and the possible aggravation of symptoms existing prior to herbal treatment. **Should I experience any problems, which I associate with these substances, I should suspend taking them and call my practitioner as soon as possible.**
- **Cupping / Gua Sha:** I understand that I may also be given cupping (the application of glass cups with vacuum to the skin) and Gua Sha (rubbing of the skin with a smooth object such as a porcelain/stainless steel spoon) as part of my treatment to modify or prevent pain perceptions and to normalize the body's physiological functions. **I am aware that these treatments are intended to cause minor bruising and though unsightly are not normally painful.** However, certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse the treatment or stop the treatment at anytime for any reason.
- **Late Cancellation: We require 24 hour notice of cancelation of your appointment.** In the event of a late cancellation of your appointment (i.e. giving less than 24 hours notice), I understand that a \$30 fee will be charged to my account.

I do not expect Anna Werderitsch, L.Ac. to be able to anticipate and explain all possible risks and complications of treatment. I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation of anything regarding my treatment. I understand that my records will be kept confidential and will not be released without my written consent (unless in an emergency or by legal demand). I give my permission and consent to treatment.

I have read and understand all of the contents in this document and agree to all of the terms listed above.

Printed Name: _____ Signature: _____ Date: _____