

Lotus Root Acupuncture



Informed Consent to Treatment

I, _____ hereby request and consent to acupuncture treatment (s) and other procedures and modalities associated with Traditional Chinese Medicine (TCM) by Pamela Zilavy, L.Ac. I have discussed the nature and purpose of my treatment, and understand that methods of treatment may include, but are not limited to acupuncture, herbal medicine, nutritional counseling, moxibustion, cupping, electrical stimulation. I understand that the diagnosis given to me conforms to the principles of (TCM) and in no way purports to replace allopathic (western) medical evaluation, diagnosis or treatment.

I have provided a full history and description of complaints and health status which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary. I understand that no guarantee has been made concerning the use and effects of TCM. I understand that I may stop treatment at any time. I will notify Pamela Zilavy if I am or become pregnant.

I have been informed that acupuncture is a generally safe method of treatment that utilizes sterile needles and is done in a clean, safe environment. But, as with all medical procedures, TCM treatment may have side effects including: bruising, numbness or tingling, minor bleeding, broken needle, dizziness and fainting. Some very rare risks of acupuncture include pneumothorax and infection. Burns and/or scarring are a potential risk of indirect moxibustion. Rarely, massage and bodywork may cause a temporary increase of symptoms. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

Herbs and nutritional supplements (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 are inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rash, hives and tingling of the tongue. I will immediately notify Pamela Zilavy of any unanticipated or unpleasant effects associated with the consumption of herbal teas, or patent (pill form) medicines.

If I am being treated for induction of labor of my pregnancy, I understand this procedure, while traditionally practiced as part of TCM, is considered an experimental procedure in the state of California. I specifically waive my right to any legal claim that may arise through this treatment. I agree to hold Pamela Zilavy, L.Ac. harmless for any and all complications that may occur to me or my child as a result of acupuncture labor induction.

By signing below I show that I have read this consent to treatment and understand the risks and benefits of acupuncture and other procedures. I intend this consent form to cover the entire course of treatment for my present and any future conditions for which I seek treatment.

Name

Date

Lotus Root Acupuncture, 360 A West Portal Avenue, San Francisco, CA. 94127