



Shirley Fung, L.Ac., MAcOM
Consent Form for Oriental Medicine Treatment

I, the undersigned, hereby authorize **Shirley Fung L.Ac.** (MAcOM 2006 Seattle Institute of Oriental Medicine; CA State License Number: AC 15143; NY State License Number: 003379-1) to perform the following specific procedures:

Acupuncture: insertion of thin, sterilized needles into the skin and underlying tissues at specific points on the body.

Maya Abdominal Therapy: gentle massage work on lower and upper abdomen, mid and low back, sacrum, legs, and hips.

Cupping: a technique to relieve symptoms in which cups are placed on the skin with a vacuum created by heat or other devices.

Plum Blossom: a light tapping of an area of the body with a small sterile seven-star hammer or a single puncture with sterile lancet. These methods may be used to draw out a few drops of blood.

Gua Sha: a rubbing on an area of the body with a blunt, round instrument.

Herbs: may be given in the form of pills, powders, tinctures, pastes, plasters, or raw herbs. Herbs may be taken internally or used externally, and may include shell, mineral, and animal materials. *Note: Over 98% of the herbs used are botanical. Conditions may call for the use of an animal product. Do you wish to be informed if this is the case? [] Yes [] No*

Moxa: indirect or direct burning of mugwort (artemisia) on specific areas of the body.

Tui Na: a form of Chinese bodywork done over clothing which may include massage or stretching.

Electroacupuncture: stimulation of acupuncture points with a mild electrical current.

Heating Lamp and Heating Pad: warms areas of the body and increases circulation.

I recognize the potential risks and benefits of these procedures as follows. **Potential side effects:** May include but are not limited to discomfort, pain, minor bruising, infection and blistering at the site of the procedure, broken or unremoved needles, temporary discoloration of the skin, loose bowel movements, abdominal cramping, and aggravation of symptoms existing prior to treatment. Occasionally needle sickness may occur (dizziness, nausea, or fainting). Risk of needle shock increases for patients with low blood sugar or severe lack of sleep. For this reason, it is recommended that patients always eat prior to receiving treatment. **Potential benefits:** Relief of symptoms, resolution of underlying condition, prevention of recurrence, and increased overall health.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Shirley Fung, L.Ac. regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of my health services provided to me. This record will be kept confidential and not be released to others without my consent, unless it is required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three years, but no more than eight years after the date of my last treatment.

I have read and understood Wealth Acupuncture's HIPAA Privacy Policies. Initial _____

Cancellation Policy: I understand that I am financially responsible for all charges and services, including the full cost of a treatment for any missed or late-notice cancelled appointments. **Follow-up visits require a 24-business hour cancellation notice by telephone or text. First office call visits require a 48-business hour cancellation notice by telephone or text.** (Monday follow-up appointments must be cancelled or rescheduled by the previous Friday; Monday first office call visits by the previous Thursday.) Initial _____

Signature of Patient, Representative, or Guardian

Date