

Middle Tennessee Acupuncture
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I hereby volunteer consent to receiving acupuncture and Oriental Medicine Treatment for my present and future health conditions. I understand the treatment will be administered by Middle Tennessee Acupuncture.

Acupuncture and Oriental Medicine treatments that may be administered are:

Acupuncture: This is a safe treatment involving the insertion of tiny sterile, disposable needles through the skin, which can produce a mild but temporary discomfort (usually achiness or soreness). Other possible risks in acupuncture include dizziness and fainting. I will report to the doctor any dizziness or lightheadedness that occurs during and/or after an acupuncture treatment. Rare risks of acupuncture (these have an extremely low incidence, especially when acupuncture is administered properly) include fainting, nerve damage, organ puncture (especially pneumothorax), and infection.

Traditional Chinese Herbal Supplements: Chinese herbs have been used safely for centuries. Infrequently, one may experience digestive upset or other reactions to the herbs. If I experience any discomforts related to the use of herbal, I understand that I should stop taking the herbs, and that I am responsible for informing the doctor of my symptoms. Some herbs may be inappropriate during pregnancy and/or breastfeeding, and I accept full responsibility to inform the doctor of a suspected or confirmed pregnancy, or if I am currently breastfeeding.

Heat Treatment with a TDP/Infrared lamp: This is used to warm an area of the body. Every precaution is taken to prevent overwarming, but the rare possibility of a mild burn exists.

Moxibustion: Moxibustion is the burning of an herb call mugwort, which produces heat, and there are many forms of moxa. The herb burns on the handle of the needle, in a "moxa box", applied to the skin over salt or ginger, waved over the skin, etc. There is risk, however small, of being burned directly by a form of moxa being used or by the ash falling on the skin.

Cupping: Cupping is treatment that creates a vacuum in a glass or plastic cup that is applied to the surface of the skin. After the cups are removed, there may be a slight discoloration of the skin (the resembles a round bruise). This usually resolves in a few days to a week. Very rarely, a slight burn or blister may appear due to the heat and/or suction.

Gua Sha: Gua Sha is scraping on the skin in a small area using a smooth-edged instrument, and this often results in bruising at the treatment area. The bruising, which is not usually painful, typically resolves in 3-7 days.

Electro-Acupuncture: A mild electric micro-current (similar to a TENS treatment) is used to stimulate acupuncture needles. A mild tingling or tapping sensation may be felt, and the strength of the micro-current is only raised to the level of patient comfort.

Tui Na: A form of massage based off of Chinese medicine principles, it often includes the use of liniments, oils or creams. There is a possibility of an allergic reaction to these, and the practitioner will ask you before using them. Other risks with Tui Na may include soreness post-treatment, bruising, and/or increased pain, all of which should be temporary.

I understand that no promise has been made regarding the outcome of treatment and that reasonable efforts will be made to give information to me so that I might make an educated decision regarding the duration and the appropriateness of continued care. I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgement during the course of the procedure, which he feels at the time, based upon the facts then known, is in my best interests.

By signing below, I acknowledge that:

I have read, or have had read to me, the information on this consent form. I understand the possible risks and complications involved. I have had the opportunity to discuss this consent with the doctor. I understand that I can request more information at any time if desired. I consent to receiving treatment that involves the above procedures. I understand that I have the right to refuse or discontinue any treatment at any time. I understand that this refusal may affect the expected results.

Patient Name (Please Print): _____

Date: _____

Patient/Guardian Signature: _____

