

## Acupuncture Consent

I, the undersigned, authorize Barbara McIntyre, Licensed Acupuncturist and East Asian Medical Practitioner, to perform the Chinese medical treatment. I understand that acupuncture involves the insertion of sterilized needles through the skin at specific points on the body. I also understand that the practice of acupuncture includes, but is not limited to the use of techniques such as cupping, electroacupuncture, moxa, and others as outlined by the Washington State Law for Licensed Acupuncturists.

The FDA on March 29<sup>th</sup>, 1996, issued a re-classification order to reclassify, the acupuncture needle as a Class II device. This FDA action means that the acupuncture needle is now recognized as a safe, effective medical device and no longer an experimental procedure.

I recognize the potential risks and benefits of acupuncture as described below:

**Potential Risks:** Temporary aggravation of symptoms existing prior to the acupuncture treatment; discomfort at the site of insertion of needle, minor bruises, fainting, weakness, possible burns from moxibustion technique.

**Potential Benefits:** Relief from and healing of the health concern being treated, as well as secondary health concerns, and inducement of a greater sense of well-being.

**Cancellations:** I understand that, except in emergencies, I must give 24 hours notice of my intent to cancel or reschedule my appointment. Failure to do so, or any missed appointment, will result in a \$75.00 charge.

I understand that charges for services rendered are due at the time of service, unless acceptable alternative arrangements have previously been made.

Patient's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian or Spouse's  
Signature Authorizing Care: \_\_\_\_\_ Date: \_\_\_\_\_

**Barbara McIntyre L.Ac.**

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