

**Southwest Naturopathic
Medical Center**



Consent Form For Acupuncture Treatment

I understand that I will be receiving acupuncture for the treatment of my health condition. I understand that acupuncture treatments in the state of Arizona are not a primary health care modality. I understand that seeing an acupuncturist for treatment does not replace seeing my primary care physician. I understand that, if I am referred by my primary care physician for acupuncture, I will return to my primary care physician for follow-up as needed.

I understand that the potential benefits of acupuncture include drugless relief of my symptoms and an improved state of health. I understand that the potential risks of acupuncture include local discomfort and bruising, with a potential for infection at the site of the needle insertion.

In addition, I understand that I may be prescribed Chinese herbs to take to help relieve my condition. I understand that Chinese herbal formulas are not regulated in the state of Arizona and that under rare circumstances people experience certain side effects from the herbs.

With my understanding of the above, I voluntarily consent to receive acupuncture treatment and Chinese herbs.

Signature of patient or person
authorized to provide consent: _____

Date: _____