

Informed Consent and Request for Acupuncture Medical Care,
Classical Chinese Medicine and Acupuncture

As a patient I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give or withhold my consent as to whether or not to undergo care with Ben Maus.

I, _____, hereby request and consent to examination and treatment with L.Ac. Ben Maus and/or other licensed acupuncturists serving as backup for him, hereafter called *allied health care provider(s)*. I can request that students and preceptors not be included in my evaluation and treatment.

I understand that I have the right to ask questions and discuss to my satisfaction with Ben Maus, and/ or with the *allied health care provider* providing backup:

- (1) my suspected diagnosis(es) or condition(s)
- (2) the nature, purpose, goals and potential benefits of the proposed care
- (3) the inherent risks, complications, potential hazards or side effects of treatment or procedure
- (4) the probability or likelihood of success
- (5) reasonable available alternatives to the proposed treatment procedure
- (6) potential consequences if treatment or advice is not followed and/ or nothing is done

The scope of practice for acupuncture is outlined below:

I understand that Classical Chinese Medicine and Acupuncture evaluation and treatment may include, but are not limited to: Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the body's surface)

Use of electrical, mechanical and magnetic devices

Moxa (indirect burning of herbal material in the form of a loosely compacted herb or stick)

Cupping (used to relieve symptoms of pain and chest congestion in which glass cups are placed on the skin with a vacuum created by heat)

Gua sha (rubbing on an area of the body with a blunt or round instrument)

Dietary advice (based on traditional Chinese medicine theory)

Herbs (use of herbal formulas in the form of teas, powders, tinctures, pastes, and plasters, which may be taken internally or used externally as a wash. Formulas may include shells, minerals and animal materials)

Potential benefits: Restoration of the body's maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery, and prevention of disease or its progression.

Adverse side effects may result. These include, but are not limited to: local bruising, minor bleeding, fainting, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to acupuncture treatment.

Notice to individuals with bleeding disorders, pace makers, cancer, or who are currently pregnant: for your safety it is vital to alert your provider, Ben Maus, of these conditions.

I do not expect Ben Maus, and/or any *allied health care provider* to be able to anticipate and explain all of the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand that it is my responsibility to request that Ben Maus explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. By signing below I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me.

I have read and understand the above stated policies of Ben Maus and will comply with them in all respects. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment. I hereby authorize and consent to treatment.

Printed Name of Patient or Guardian

Signature of Patient or Guardian

Today's Date