

Consent to Special Treatment Acupuncture

Acupuncture is an art of healing which involves the stimulation of specific points on the body to treat diseases or relieve pain. The stimulation may be produced by needles, heat, digital pressure, electrical currents, and other means. Rarely, patients may experience certain side effects or reactions including fainting, bleeding, pneumothorax, puncture of viscera, broken needles and other hazards associated with the treatment procedures. Acupuncture may also mask an underlying condition or retard a more exact diagnosis where another therapy may be indicated.

Acupuncture has been used in the Orient and Europe as a therapeutic modality, and has been accepted by the National Institutes of Health in the United States for some disorders. It is still considered an experimental procedure here for other indications, implying that there may be unknown risk factors involved.

Special consideration is required in people with a history of a bleeding disorder or current anticoagulant therapy, implanted pacemaker, prosthetic valve, or pregnancy. I have informed my physician acupuncturist if any of these conditions exist.

Certain medications or social habits are known to lesson the potential results of acupuncture and these include alcohol, tobacco, steroids, narcotics, and other recreational drugs. I have informed my physician acupuncturist of any substances and medications which I have used in the past six months.

I understand that a series of treatments is usually required to significantly change my condition, and that some people experience no relief.

Dr. Wilks maintains a practice limited to Medical Acupuncture and related disciplines. I understand that, in a medical emergency, I must call my primary care physician or 911. Dr Wilks may also recommend that I seek the care of my primary care physician in addition to acupuncture.

I agree to provide advance notice (at least one full business day: 24 hours) of cancellation of appointments. I understand that time has been reserved for me. In the absence of an emergency, I agree to pay the appointment fee if I do not provide sufficient notice.

I understand that a copy of Dr Wilks' notice of privacy practices is available to me to review or to keep, and is posted both in the office and on the web site, drwilks.com.

I have read and understand this information, and my questions have been answered. **Do not sign unless you have read and thoroughly understand this form.**

Patient

SSN

Date

I have discussed the contents of this document with the patient and have answered all the patient's questions. The patient has consented.

Physician

Date

Revised 3/03