

**Beverly Fornoff, Licensed Acupuncturist
Consent to Treatment**

Voluntary

I hereby voluntarily consent to receive acupuncture treatment. The procedures involved in this treatment have been explained to me. I understand that I may be treated with the insertion of needles and/or the application of heat or suction to the skin. I have not been guaranteed any success concerning the uses and effects of acupuncture. I understand that I am free to discontinue treatment at any time.

Possible Side Effects/Healing Response

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to treatment. Conventional medical therapy also may be indicated, either in response to an emergency or as deemed necessary by a licensed physician. I understand that as healing begins, sometimes old symptoms of body, mind or spirit may reappear temporarily in order to clear. I will inform my practitioner if this occurs.

Medical Referral

I understand that if there is a worsening of my condition or if it does not improve or if a new ailment arises, I may and should consult a licensed physician. I also understand that conventional medicine and acupuncture treatment are complimentary and may work together.

Infectious Disease/Clean Needle Technique

I understand that infectious disease can be carried through the air, through physical contact and through bodily fluids. I understand that Beverly Fornoff follows universally prescribed precautions to guard against the spread of infection, including washing her hands before seeing each patient and clean needle technique. I understand that my acupuncturist uses only sterilized, prepackaged disposable needles. I understand that these needles are inserted according to clean procedures based on nationally prescribed standards. I understand that my questions about these safety practices are most welcome and will be answered fully.

I have read this Consent to Treatment form carefully. I have felt free to ask questions regarding this process, and the process has been satisfactorily explained to me.

Date

Signature

Print Name