



Informed Consent

I hereby authorize and consent to treatment and intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from Eran Reznik Lic.Ac., NCCAOM, LMBT and/or Stillpoint Acupuncture & Healing Arts. I understand that this treatment does not replace a western medicine diagnosis. I understand that methods of treatment may include, but are not limited to, acupuncture, cupping, Shiatsu (Japanese massage), massage and craniosacral therapy, Chinese herbal medicine, and nutritional counseling.

Acupuncture: I have been informed that acupuncture is generally a safe method of treatment, but that it may have some side effects including: bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect. Usual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture. Infection is another possible risk, although the clinic uses sterile, disposable needles and maintains a clean and safe environment.

Gua Sha/Cupping: Bruising is a common side effect of Gua Sha and cupping.

Herbs: I understand that the herbs may need to be prepared and the teas consumed according to the oral and/or written instruction provided. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member if I am or become pregnant.

Acupressure-Massage: Acupressure-Massage is used to modify or prevent pain perception and to normalize the body's physiological functions. There may be certain adverse side effects, such as: muscle soreness, achiness, and possible aggravation of symptoms present prior to treatment.

I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature on this form indicates that I have read and understand the information provided regarding my treatment, and that if I have any questions about this information, I should ask the practitioner. I hereby release the practitioner from any and all liability that may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate care.

Patient Signature: _____ Date: _____