



ACUPUNCTURE INFORMATION & INFORMED CONSENT

Acupuncture is performed by the insertion of PRE-STERILIZED, DISPOSABLE acupuncture needles through the skin, and /or the application of heat or electrical stimulation on the skin, or both, at certain points on the body. A National Board Certified (NCCA) and an Illinois Licensed acupuncturist will perform these treatments.

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| Acupuncture | The insertion of fine, sterile, disposable needles into any of 365 acupuncture points on the body. |
| Electro-Acu | Electrical acupuncture units similar to Tens units are hooked up to the needles to stimulate the points. |
| Guasha | Guasha is the scraping of the skin with a smooth edge to bring toxins and tension to the surface of the skin. |
| Cupping | Cupping is the use of suction with cups on the back to bring toxins and tension to the surface of the skin from deep muscle layers. |
| Tui Na | Chinese acupressure. |
| Auricular Acu | Tiny acupuncture needles in the ear |
| Chinese Herbs | Historical uses of some Chinese herbs may be mentioned. |

- I understand that normal experiences *during* treatments may include any of the following: a tiny pinch at first (like a mosquito bite), a mild tingling sensation in the hands and feet, body temperature shifts, and/or heaviness and achiness in the local areas where needles are placed (referred to as your “chi sensation”). initial_____
- I am aware that occasionally there can be minor bruising in areas where the needles are placed. initial_____
- I understand that I should be evaluated by a physician for the condition I am requesting consultation. The diagnosis and treatment plan I will be given by Source Healing is based upon Traditional Chinese medical principles and natural treatment only, and does not constitute a western medical diagnosis. I understand that I am not to rely on Traditional Chinese diagnosis and treatment as my sole remedy for the treatment I am seeking. I understand if no substantial improvement is made in the condition for which I am seeking consultation, I am to seek advice from a western medical doctor. Further, if I am concurrently undergoing western medical treatments, it is my responsibility to advise my physician of any herbal supplements I am concurrently taking. initial_____
- I understand that Source Healing works as a team. In the event that your initial acupuncturist is not available for the time requested, any of our wonderful acupuncturists will be able to provide treatment. initial_____

X _____
Signature

Date