Kymberlie Landgraf
MAOM, L.Ac.

Informed Consent to Oriental Medicine

I hereby request and consent to the performance of the following on myself (or the patient named below for whom I am legally responsible) by Kymberlie Landgraf, L.Ac, for today and in the future: acupuncture and other oriental health procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on a variety of areas of my body, observation, range of motion, muscle and orthopedic testing; heat and/or cold therapy and electrical and/or magnetic stimulation; cupping; mild bleeding therapy; the prescription of herbal medicines as well as dietary supplements; dietary recommendations; and healthy lifestyle counseling.

I have had an opportunity to discuss with an acupuncturist the nature and purpose of acupuncture and the other Oriental Medicine procedures. Although I am aware that acupuncture and the other procedures have helped many people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of Oriental Medicine there are some risks. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but are not limited to: bleeding, bruising, pain or other strong sensation at the location where a needle is inserted or radiating from that location, nerve pain, burns, aggravation of current symptoms, appearance of new symptoms, general aches, pneumothorax (punctured lung), or puncture of other organs. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish the acupuncturist to exercise such judgment based on the known facts, during the course of my treatment, to be in my interest. I authorize the acupuncturist to perform any necessary services needed during the diagnosis and treatment.

I have read, or have had read to me, this informed consent form. I have had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment from Kymberlie Landgraf, L.Ac.

_____
Patient Name (Print)

_____ _____
Patient Signature **Date signed**

If patient is a minor or has a legal guardian, a parent or guardian needs to sign below:

_____ _____
Name of Guardian (Print) **Relationship or authority**

_____ _____
Guardian Signature **Date signed**