



awaken the great spring of wellness within

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Acupuncture Informed Consent

I hereby request and consent to acupuncture treatments (and other procedures within the scope of the practice of acupuncture) provided by Rachel Rizzi, L.Ac. I understand that Rachel Rizzi, L.Ac. will explain all known risks and complications for any procedure to be judged beneficial to my treatment plan, including cupping, gua sha, the use of heat or moxa, pricking, electrical stimulation or massage.

Acupuncture is a form of healthcare involving the stimulation of certain points on the body with the insertion of fine needles. The stimulation of these acupuncture points assists the natural healing abilities of the body and can help to restore balance both physically and emotionally. Acupuncture can treat a variety of disorders, but is not a substitute for conventional medical treatment and diagnoses. It is also important to note that because everyone responds to treatment differently, the outcome of the treatment cannot be guaranteed.

While most patients do not feel pain with the insertion of needles, they may experience other sensations such as, cramping, deep aching, tingling, and shooting sensations. These are common reactions and not a cause for alarm. However, if the feeling persists or worsens it is important to let the acupuncturist know so the needles can be adjusted or removed to maximize comfort during treatment. It is also important to advise the acupuncturist if you experience any of the following while the needles are in place: dizziness, nausea, cold sweat, shortness of breath, or faintness. These symptoms are associated with an extremely rare condition known as needle shock, which can be caused if the patient is very hungry, tired, or nervous. Please be sure to eat a small meal prior to treatment. Although the negative side effects of acupuncture are few, it should be advised that your symptoms may worsen or that bleeding, local bruising or soreness can occur once the needles are removed. Advise your acupuncturist about any adverse reaction.

I will notify Rachel Rizzi, L.Ac. if I am or become pregnant, have a seizure disorder, have a pacemaker, have had lymph nodes removed, have a bleeding disorder or am taking anti-coagulants or have a blood-borne infectious disease (e.g. Hepatitis B or C, HIV)

I understand that all needles utilized for the acupuncture treatments are prepackaged sterile single use needles that have never been used before and will be disposed of after treatment.

Patients who are under the influence of alcohol or recreational drugs will not be treated. During treatment, while the needles are in place, do not change your position or move suddenly.

I understand that it may be necessary for Rachel Rizzi, L.Ac. to contact another of my health care providers in order to coordinate medical care, to discuss an emergency situation, and/or to share appropriate medical information. My signature below, gives Rachel Rizzi, L.Ac. permission to release any medical records for the reasons set forth in this paragraph.

I, the undersigned, have read and understand the above statements and have had the opportunity to ask questions regarding my treatment. I have the right to refuse or discontinue any treatment at any time and understand that this refusal may affect the expected results.

Signature of Patient _____
(or Authorized Guardian if patient is under 18)

Date _____

Signature of Practitioner _____
Rachel Rizzi, M.S., L.Ac.

Date _____