



Arizona Natural Medicine, L.L.C.

Kiera Lane, N.M.D., L.Ac.

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CONSENT FORM FOR THE TREATMENT OF ACUPUNCTURE

Guidelines for Participating In Acupuncture Treatment

- ◆ Do eat before your acupuncture treatment 1-2 hours.
- ◆ Do ask any questions or address any concerns before your treatment.
- ◆ Do wear comfortable clothes that have easy access to your lower legs and arms.
- ◆ Do turn off all phones and pagers during treatment to allow the relaxing and healing benefits of the treatment.
- ◆ Do alert the doctor immediately if you are in discomfort during the treatment.
- ◆ Do allow yourself to use imagery and positive thoughts to assist you in your movement toward balance.

Potential Side Effects Associated With Acupuncture Treatments

- ◆ Acupuncture is normally a very safe treatment method with few side effects. However, there may be slight pain on the insertion of a needle, but it should resolve quickly.
- ◆ There may be slight bleeding when a needle is removed, but it is easily controlled with a little pressure using a clean cotton ball.
- ◆ There is a potential for bruising at the site where a needle was inserted. This is normal and should clear up in a day or two.
- ◆ There is a potential for infection at the site where a needle was inserted. However, only pre-sterilized, disposable needles are used and discarded in the appropriate biohazard waste after one time use, therefore, the risk of infection is significantly reduced.
- ◆ A rare and more serious side effect is a puncture of a lung with a needle leading to what is called a pneumothorax. This is considered a non-fatal but serious medical emergency, which would require immediate assistance to the nearest emergency room. Knowledge of the needling technique and appropriate understanding of the anatomy of the body by the practitioner significantly reduces such risk to the patient.

I have read and understood the above information and instructions. I consent to the treatment of acupuncture by Kiera Lane, N.M.D., L.Ac., or Sarv Varta K. Khalsa, N.M.D., and understand Dr. Lane and Dr. Khalsa intends to provide top quality care.

I have read this form and agree to its contents. Yes No

Patient Signature _____ Date _____

(Signature of patient, or one parent or guardian if patient is under 18)