

Chagrin Valley Chiropractic and Acupuncture Center

State of Ohio Required Statement Notification

In accordance with the state of Ohio rule #4762.10 paragraph C please be aware of the following. "acupuncture is not a substitute for conventional medical diagnosis and treatment." One should seek care from a licensed physician.

I _____ have read and understand the above statement.
Patient Name (please print)

Patient (or Guardian) Signature

Date

If a Guardian has signed, please print your name: _____

Informed Consent for Acupuncture Treatments

I hereby voluntarily consent to receive acupuncture and Oriental Medicine treatment for my present and future health condition. I understand that treatment will be administered by Ivan Nassif, DC, RAc. The treatments that will possibly be administered are described below.

Acupuncture and Oriental Medicine Treatments That May Be Administered:

Acupuncture: This is a safe treatment involving the insertion of tiny sterile (and disposable) needles through the skin, which can produce a mild but temporary discomfort (usually achiness or soreness) at the acupuncture site. It can occasionally cause slight bleeding, and will rarely leave a bruise (not painful). Other possible risks from acupuncture include dizziness and fainting. I will report to the Dr Nassif any dizziness or light-headedness that occur during or after an acupuncture treatment. Extremely rare risks of acupuncture (these have an extremely low incidence, especially when acupuncture is administered properly) include fainting, nerve damage, organ puncture (pneumothorax), and infection.

Traditional Chinese Herbal Supplements: Chinese herbs have been used safely for centuries. Infrequently, one may experience digestive upset or other reactions to herbs. If I experience any discomforts related to the use of herbs, I understand that I should stop the herbs and that I am responsible for informing Dr Nassif of my symptoms. Some herbs may be inappropriate during pregnancy and breastfeeding. I accept full responsibility to inform Dr Nassif of a suspected or confirmed pregnancy, or if I am a nursing mother.

Heat Treatment with a TDP Lamp: This is used to warm an area of the body. Every precaution is taken to prevent overwarming, but the rare possibility of mild burns exists.

Heat Treatment with Moxabustion: Moxabustion is the burning of an herb (moxa AKA mugwort) which produces heat. There are many forms of moxa. The herb may be burned; on the handle of the needle, in a "moxa box", applied directly to the skin, waved over the skin, etc. There is a risk, however small, of being burned directly by the form of moxa being used or by the ash falling from the burning moxa.

Cupping: This involves a localized suction produced by heating a small glass cup. There is a possibility of local bruising from the suction. Very rarely a slight burn or blister may appear due to the heat.

Gua Sha: Gua Sha is scraping on the skin in a small area using a smooth-edged instrument. This often results in bruising at the treated area. The bruising, which is usually not painful, usually resolves in 3-7 days.

Plum Blossom (or tapping): Multiple, mild needle pricks are applied in one area. Slight bleeding or reddening at the area is likely.

Electro-Acupuncture: A mild electric micro-current (similar to a TENS treatment) is used to stimulate the acupuncture points. A mild tingling or tapping sensation may be felt.

Tui Na: A form of massage based on chinese medicine principles. It often includes the use of liniments, oils, or creams. There is a possibility of an allergic reaction to these and the practitioner will ask you before using them. Other risks with tui na may include soreness post treatment, bruising, and/or increased pain.

I understand that no promise or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give information to me so that I might make educated decisions regarding the duration and appropriateness of continued care

I do not expect Dr Nassif to be able to anticipate and explain all risks and complications. I wish to rely on Dr Nassif to exercise judgment during the course of the procedure, which he feels at the time, based upon the facts then known, is in my best interests.

By signing below, I acknowledge that:

- I have read, or had read to me, the information on this consent form,
- I understand the possible risks and complications involved. I have had the opportunity to discuss this consent form with Dr Nassif. I understand that I can request more information at any time if desired.
- I consent to receiving treatment that involves the above procedures.
- I understand that I have the right to refuse or discontinue any treatment at any time. I understand that this refusal may affect the expected results.

Patient Name (please print)

Patient (or Guardian) Signature

Date

If a Guardian has signed, please print your name: _____

Things your acupuncturist should know:

Have you ever experienced a fit, faint or funny turn?

Do you have a pacemaker or any other electrical implants?

Do you have a bleeding disorder?

Are taking anti-coagulants or any other medication?

Do you have damaged heart valves or have any other particular risk of infection?

Do you have any topical allergies or allergies to metals?

Ivan Nassif, DC, Lac

Date

Acknowledgement of Receipt of “NOTICE OF PATIENT PRIVACY PRACTICES”

I the undersigned have read and agree with the privacy policies of Chagrin Valley Chiropractic and Acupuncture Center.

Patient (or Guardian) Signature

Date