Dr. Anna Neff, D.C.
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INFORMED CONSENT FOR ACUPUNCTURE CARE

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture, and/or electroacupuncture by the above-named doctor or other duly authorized doctor in the clinic.

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs, and stuck or bent needles.

I further state that the following do not exist in my current state of health and I will immediately notify the practitioner of any changes:

- Pregnancy
- Anticoagulants
- Local Infections
- Bleeding Disorders
- Pacemaker
- Elevated Risk of Infections

I have been advised that only pre-sterilized needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of the treatment which the doctor feels at the time, based upon the facts then known, and is in my best interests. I understand that the results are not guaranteed.

I have read the above consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above mentioned acupuncture procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment. I am aware that I may withdraw this consent and discontinue treatment at any time.

Female Patients:
I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I hereby state that I am not pregnant, nor is there any possibility that I may be pregnant.

READ BEFORE SIGNING

_____	_____	_____
Date Signed	Print Patient's Name	Signature of Patient (or parent/guardian)