SPARK HOLISTIC HEALTHCARE

INFORMED CONSENT

The above information is accurate and true to the best of my knowledge, and it is my responsibility to alert my practitioner of any physical, emotional, or mental changes that occur with my health over the course of treatment.

Acupuncture means the stimulation of a certain point or points near the surface of the body by the insertion of sterile, stainless steel, disposable needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electo-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point(s) on or near the surface of the body by means of an apparatus or an instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning Artemisia alone or Artemisia formulations).

I understand that an acupuncture appointment could include acupuncture, dietary and lifestyle modification suggestions, tui na (Oriental message), cupping, gua sha, electro-acupuncture, moxibustion, and herbal medicine. I understand that the herbs may be unpleasant to taste. I will immediately inform the practitioner of any side effects from the treatments provided.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, slight discomfort, numbness or tingling near the needling sites, dizziness, nausea or fainting, and aggravation of problematic systems existing prior to acupuncture treatment. Bruising is a common side effect of cupping. Unusual risks of acupuncture include pneumothorax, spontaneous miscarriage, infection, and burning or scarring from moxibustion and cupping.

The potential benefits include the painless relief of one's symptoms without the need for drugs, improved balance of bodily energies leading to the prevention of illness, and/or the elimination of the presenting problem.

Patients with bleeding disorders or pacemakers or on pharmaceutical or recreational drugs should inform the practitioner prior to receiving treatment.

I understand that all of my records will be kept confidential and will not be released without my written consent.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Sonora Park Sowinski, DAOM, L.Ac. regarding cure or improvement of my condition. I hereby release Sonora Park Sowinski, DAOM, L.Ac. from any and all liability, which may occur in connection with the abovementioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

Printed Name of Patient or Representative	Signature	Date