

Dancing Turtle Acupuncture & Healing Arts
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INFORMED CONSENT FOR ACUPUNCTURE & CHINESE MEDICINE

Scope of Practice

The “scope of practice” for an acupuncturist in the state of Washington includes but is not limited to the following list of techniques:

- Use of acupuncture needles to stimulate acupuncture points and meridians
- Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- Moxibustion
- Acupressure
- Cupping
- Dermal friction technique (gua sha)
- Infrared
- Sonopuncture
- Laserpuncture
- Dietary advice based on Traditional Chinese Medicine

I recognize the potential risks and benefits of these procedures as described below:

Potential risks:

Side effects may include, discomfort at the site of insertion of the needle, infection, pain, bruises, weakness, fainting, nausea, and aggravation of symptoms existing prior to treatment.

Potential Benefits:

Drugless relief of presenting symptoms, improved general health, elimination of the presenting problem, reduction of pain, improved balance of energy, and relaxation.

Patients with bleeding disorders, pacemakers, seizure disorders, or women who are currently pregnant, please notify the practitioner.

With this knowledge, I voluntarily consent to the above procedures. I intend this consent form to cover the entire course of treatment for my presenting condition and for any future conditions for which I may seek treatment.

I hereby release Candace Burnikel, Jessica Sprague, and Dancing Turtle Acupuncture from any and all liability, which may occur in connection with the above-mentioned procedures, except for any failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time.

Signature of Patient or Guardian: _____

Date _____