

Blue Sage Acupuncture & Herbs

Ousa Hymas Samkara, MSOM, L.Ac.

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INFORMED CONSENT FOR ORIENTAL MEDICAL TREATMENT

I hereby request and consent to receiving acupuncture treatments and/or other procedures within the scope of practice of Oriental Medicine by the practitioner Ousa Hymas Samkara, MSOM, L.Ac. I understand that treatments may include the use of acupuncture, acupressure, Oriental bodywork, cupping, moxibustion, and other methods to stimulate acupuncture points and meridians. Treatment may also include dietary and herbal recommendations based on Oriental Medical theory.

I recognize that there are potential risks involved with acupuncture and Oriental Medicine, such as discomfort, minor bleeding, bruising, scarring and/or infection at the site of needle insertion, fainting, and temporary worsening of symptoms. I also recognize that while acupuncture and Oriental Medicine can provide potential benefits of natural, painless, drug-free relief of my present health condition and the prevention of recurrence of my health condition, there is no implicit guarantee of a cure from this therapeutic approach.

I acknowledge that I do not expect the practitioner to be able to anticipate and explain *all* risks and complications. I elect to rely on the practitioner herself to exercise judgment which she feels is in my best interest at the time, based upon the facts and my health condition then known, during the course of the procedure and the course of my treatment with Oriental Medicine.

I understand that I have the choice to accept or reject the proposed diagnostic procedure(s) or treatment(s), or any part of it, before or during the diagnosis or treatment.

I understand that my Oriental Medical practitioner is not providing Western (allopathic) medical care, and that I should consult my Western primary care practitioner (e.g., an M.D.) for those services and for routine checkups and physicals.

I have carefully read and I understand all of the above information, and I am aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation before signing and that I may also ask for more information or explanation at any time throughout the course of my treatment.

By signing below, I give my permission and consent to be treated by Ousa Hymas Samkara, MSOM, L.Ac. and Blue Sage Acupuncture & Herbs LLC, with acupuncture and/or other Oriental Medical treatments described above that are within the scope of practice of Oriental Medicine. I understand that the consent I give here extends to my entire course of treatment for my present condition(s) and for any future conditions for which I wish to be treated at Blue Sage Acupuncture & Herbs.

PATIENT NAME (please print): _____

PATIENT SIGNATURE: _____

Signer's relationship to patient (if acting as patient representative): _____

DATE: _____