



Allyson O'Connell Nevard, L. Ac.
Chinese, Japanese and Dr. Tan style acupuncture
Chinese herbal medicine

Consent to Treatment

I, _____, hereby authorize Allyson O'Connell Nevard, L.Ac. to administer any style of oriental medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.
2. Heat treatments using *Artemisia vulgaris* (moxibustion, "moxa") or a conventional heat lamp. Indirect moxibustion treatments involve putting moxa on the head of the needle or on top of a barrier such as salt or a slice of ginger. When direct moxa is used, moxa is placed directly on the skin. The heat generated from the moxa treatments may involve slight discomfort or leave a blister or scar on the skin. With any type of heat, there is always the risk of burn.
3. A massage technique called "gua sha". The treatment leaves redness on the skin that can last for 1-7 days. Slight bruising and tenderness may persist after the treatment.
4. Cupping may be used to promote circulation of qi (energy) through the meridians. Cups may produce a red/purple color on the area treated lasting 1-7 days.
5. Electrical stimulation of the needles may be used which produces a vibration or tapping sensation.
6. Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians. Lancets are inserted into the skin and a small amount of blood is expressed from the puncture.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatments, have been informed of the risks and possible consequences involved with these treatments, and have been given the opportunity to ask questions pertaining to the treatments. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment.

Signature of patient _____

Printed name of patient _____

Date _____

Signature of acupuncturist _____