



Informed Consent For Treatment

I hereby voluntarily consent to be treated by, C. Alana DeBow, L.Ac, Dipl. Ac. (NCCAOM)®, with Chinese Medicine procedures, which may include acupuncture, moxibustion, herbal medicine, cupping, gua sha, acupressure, massage, or nutrition and lifestyle counseling. C. Alana DeBow is a licensed acupuncturist in the state of Florida, and has met all of the state and national guidelines in order to hold such licensure.

I understand that acupuncture is performed by the insertion of sterile needles through the skin, or by application of heat to the skin, or by both, at certain points on or near the surface of the body in an attempt to treat body dysfunctions or diseases and to normalize the body's physiological functions.

I have been informed that while acupuncture is a generally safe method of treatment, I am aware that certain side effects may result. These could include, but are not limited to, some localized bruising, bleeding, dizziness, fainting, temporary pain and/or discomfort, numbness or tingling near the needling sites that may last a few days resulting in temporary aggravation of symptoms in existence prior to treatment.

Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, or organ puncture. Infection is another possible risk, although Alchemy Wellness uses sterile disposable/one use needles and maintains a clean and safe environment. I understand these risks and I agree to inform Alchemy Wellness if I am currently immunocompromised.

I understand that moxa is the use of the herb mugwort that is burned on or near acupuncture points. Moxa is used in traditional Chinese medicine to warm the point and bring the body's natural energy in to balance. I understand, though rare, some people have an allergic reaction to Moxibustion that may be a local reaction, allergy, or asthmatic allergies. I understand that there is also a risk for burns, and thereby infection. I understand that if I have any known or suspected allergies to moxibustion it is my responsibility to inform my acupuncturist prior to treatment.

I have been informed that while Chinese Herbal medicine is generally safe when being distributed by an acupuncture physician, there is a risk of allergic reaction to the herbs, as well as worsening of symptoms, digestive upset, headaches, and in some cases increased risks for bleeding or bruising. Additionally there is a risk of herb to drug interactions so it is important that I share any current medications that I am taking or changes in medications with my acupuncturist. I also agree to inform my Acupuncturist immediately of any unexpected reactions while taking herbal medicine. I also agree not to dispense my personal herbal formulas to others.

I understand gua sha is the use of an implement to gently scrape the skin, it has been found to improve range of motion, pain, and improve circulation. Bruising of the area where gua sha is performed is an expected and normal finding. Bruising from gua sha is superficial to the skin's surface but can be red, blue, or dark purple in color and usually resolves itself in 3 days-1 week.

I understand that cupping is the use of glass cups on the skin with suction to help to relax the muscular system and alleviate pain. I am aware that cupping often causes local bruising that generally resolves within a week. Other possible risks include dizziness and fainting. Rarely patients may experience burns or infection. Though rare I understand my risks.

I understand that massage therapy is the use of manual application of heat, cold, as well as manual techniques to help with the bodies structural alignment, as well as therapeutic relaxation and health. I understand that massage releases lactic acid from the muscular system and that it is important to drink water the following day to decrease the risk of soreness and headache. I understand that rare risks of massage therapy include bruising, as well as dislodgment of blood clots which can lead to death and stroke. I understand that it is important to inform my therapist if I am taking any blood thinners currently, as they increase my risk of bleeding I also agree to inform my therapist if I have an increased risk for clotting or if I have painful varicose veins so these risks can be addressed.

I understand that I should inform my acupuncturist prior to being treated if I believe I might be pregnant. I am aware that if there is a worsening of my ailment or condition, if my condition does not improve within the time estimated by the acupuncturist, or if a new ailment or condition appears that I should consult my personal physician.

I understand that all of my patient records as well as information I share with my acupuncturist will be kept confidential. No records or information will be released without my written consent. I understand that I may request my medical records at any time. I understand it may take up to two weeks to receive my medical records and that there will be a .25 charge for each page of my medical records I receive. I also understand that I am responsible for transport of my medical records to other providers requesting them, as Alchemy Wellness does not currently have encryption software and cannot guarantee the privacy of faxed, emailed, or downloadable medical records.

I understand that no guarantee concerning acupuncture's use and effects are given to me, and that I am free to stop acupuncture treatment at any time.

PATIENT OR GUARDIAN

DATE

WITNESS

DATE