

## Sadie Minkoff L.Ac.

American Board of Oriental Reproductive Medicine

Phone: (512) 968-2605 • FAX: (512) 371-9550

www.ReproductiveAcupuncture.com

## Informed Consent

I, \_\_\_\_\_, do hereby request and give permission to receive acupuncture from Sadie Minkoff L.Ac., or any other Licensed Acupuncturist working with her. The procedures have been explained to me and I understand that I have the right to refuse any part of the treatment. Oriental Medicine includes various modalities including, but not limited to, herbal supplements and I have the right to be educated on each modality as it may be used.

I understand and am informed that, as in allopathic medicine, in the practice of Oriental Medicine there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. These risks include but are not limited to: bleeding, bruising, nerve pain, punctured organ, aggravation of symptoms, appearance of new symptoms, fainting and fatigue. I do not expect the practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise such judgment to be in my best interest based on the known facts at the time. Although I am aware that acupuncture and the other procedures used in Oriental Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I have read, or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to a course of treatment in Oriental Medicine. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment with this practitioner.

---

Patient's Name (please print)

---

Patient's Signature

---

Date