



## *Raising the Standard for Optimal Care*

### INFORMED CONSENT FOR ACUPUNCTURE / ORIENTAL MEDICINE TREATMENT AND CARE

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures, on me (or on the patient named below, for whom I am legally responsible) by the below named licensed acupuncturist and / or other licensed acupuncturist who now or in the future will treat me while employed by, working or associated with or serving as back-up for the treating acupuncturist named below, including those working at this office clinic or any other office or clinic.

I understand that methods or treatment may include, but are not limited to acupuncture, moxibustion, cupping, electric stimulation, tui-na (Chinese massage), heat treatment with a TDP Lamp, plum-blossom needle, Gua-sha, Chinese herbal medicine, Qi Gong exercise recommendations or nutritional counseling.

I have had the opportunity to discuss with the acupuncturist named below and/or with other office or clinic personnel the nature, purpose and risks of acupuncture treatment and other interventions.

Acupuncture has the effect of normalizing physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising, bleeding or tingling near the needling sites that last a few days. There have been very rare instances reported of fainting, infections and scarring. There have been extremely rare instances reported of spontaneous miscarriages and pneumothorax. There is a potential risk of broken needles, extremely rare with the use of disposable needles. TDP heat lamp therapy and burning of moxa (mugwort) on or near the body has the potential side effect of burns, blistering or scarring. There will be some bruising and there may be slight bleeding after cupping / gua-sha. Patients with severe bleeding disorders, pace makers, diabetes, contagious diseases or lymphedema should inform the acupuncturist of the above prior to any treatment. As with any therapy, it is possible for the condition to be aggravated temporarily, but this is almost always limited to no more than a few days. This is usually followed by alleviation of symptoms and is known as "healing crisis".

The herbs and nutritional supplements (which can be from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. Some possible side effects of taking Chinese Medicinals are nausea, bloating, stomachache, headache, diarrhea, rashes, hives, tingling of the tongue. If I experience any adverse reactions to the herbs I will inform the acupuncturist. I understand that some herbs may interact with prescription, over-the-counter medications, or supplements and as such I will notify the acupuncturist named below if I am taking any medications or supplements concurrently with Chinese Medicinals. I understand that some Chinese Medicinals may be inappropriate during pregnancy or breastfeeding, and agree to notify the acupuncturist who is caring for me if I am or will become pregnant and if I am/will be breastfeeding. I will take Chinese Medicinals according to the directions provided by the acupuncturist.

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#### SPECTRUM Physical Therapy & Athletic Training, LLC

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I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and wish to rely on the acupuncturist to exercise judgment during the course of the procedure which the acupuncturist feels at the time, based upon the facts then known, is in my best interests. I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I understand that acupuncture treatments are my financial responsibility and agree to pay for these services at the time of treatment, unless other arrangements have been made. I will provide my acupuncturist with at least 24-hour notice if I need to cancel or reschedule an appointment and I understand that I will be charged the regular amount for any appointment cancelled with less than 24-hour notice. The 24-hour notice allows patients on the waiting list to fill this time.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent, I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature of Patient or Patient Representative \_\_\_\_\_

Print Name of Patient or Patient Representative \_\_\_\_\_

Relationship or Authority of Patient \_\_\_\_\_

Date Signed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned, do affirm that \_\_\_\_\_ (Patient) has been advised by Rafael Marinelli, L.Ac., to consult a physician regarding the conditions for which the patient seeks acupuncture treatment.

Signature of Patient or Patient Representative \_\_\_\_\_

Print Name of Patient or Patient Representative \_\_\_\_\_

Relationship or Authority of Patient \_\_\_\_\_

Name of Treating Acupuncturist: Rafael Marinelli L. Ac., Signature \_\_\_\_\_