



Acupuncture At Work

NOTICE OF CONSENT AND PAYMENT AGREEMENT

We see ourselves as facilitators in your healing and acknowledge the importance of your active participation in this process. Please feel free to ask questions about any aspect of your care that concerns you so that you may continue to make informed, responsible choices regarding your health care.

Traditional Chinese Medicine and its related therapies address a wide range of acute and chronic conditions. All diagnoses are made using the established TCM models and the therapies you receive for treatment may include acupuncture, moxibustion, herbal formulas, dietary therapy, and cupping. All herbal prescriptions dispensed through Acupuncture At Work are prescribed under the supervision of a Board Certified and state licensed acupuncturist and professional practitioner of TCM.

TCM is a powerful complement to conventional western medicine, but it is not a substitute for it. You have been advised to consult with a licensed physician if you have an undiagnosed condition and before making any significant changes with your care such as starting and stopping medications. We hope you will discuss your acupuncture treatments with your physician.

With any medical intervention there are inherent risks that you should be aware of prior to treatment. Some of the side effects of acupuncture may include: local bruising; bleeding; muscle weakness or soreness; brief and generalized fatigue; sensations of heat, cold, tingling or numbness; brief light-headedness or perhaps fainting.

You agree to inform your acupuncturist if now or in the future you have any serious health conditions (such as: pregnancy, use of pacemaker, a bleeding disorder or seizure disorder).

FEES:

First consultation and treatment, or treatment for a new condition for returning clients: \$140.00

Follow-up visits: \$85.00

Herbal formulas: prices vary.

Payment is due at the time of treatment. We accept cash, checks, VISA and MasterCard.

CANCELLATION POLICY: So that we may remain available to all of our patients during clinic hours, please call with any cancellations or changes to your appointment at least 24 hours in advance. **If we do not receive 24 hours notice of your cancellation and we cannot fill the appointment time, you will be charged for the price of an office visit.** Thank you in advance for your consideration.

I have read the above consent to treatment and agree to the terms of treatment and payment. I am aware of the risks and benefits of acupuncture and other procedures and have had the opportunity to ask questions.

Client Signature: _____ Date: _____

Parent/Guardian Signature (for clients under 18 years of age): _____

Witness: _____