



Acupuncture Savvy

Informed Consent

Teresa Savarino, EAMP/MSA
Licensed in Washington State (AC 60105888)

This disclosure is to advise you of the credentials of the practitioner, the scope of practice for Acupuncture in the state of Washington and to document your consent for services (WAC 246-802-120).

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of Chinese and Oriental Medicine or on the patient named below by the acupuncturist named above and/or other acupuncturists associated with or serving as a back-up whether signatories to this form or not.

I hereby authorize Teresa Savarino to perform the following treatments. These treatments include but are not limited to:

- **Acupuncture:** The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.
- **Electroacupuncture:** Using very small amounts of electricity to stimulate specific acupuncture points.
- **Moxibustion:** A soft woolly mass prepared from ground young leaves, typically in the form of sticks or cones, which are ignited and placed on or close to the skin or used to heat acupuncture needles.
- **Acupressure:** Traditional Chinese medical massage and manual therapy.
- **Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction device.
- **Dermal-friction Technique (Gwa-hsa):** Friction is applied topically to the skin using a smooth object to relieve symptoms.
- **Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.
- **Sonopuncture:** The use of sound to stimulate acupuncture points or meridians.
- **Laserpuncture:** Laser light beams are applied to the acupuncture points to help stimulate the flow of chi and promote healing.
- **Dietary Advice Based on Traditional Chinese Medical Theory:** Suggestions for nutrition and herbal food products. The herbs and nutritional supplements (which are from plant,

animal and mineral sources) that have been recommended are generally safe although some may be toxic in large doses. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, diarrhea, headache, hives, and tingling of the tongue. I understand that some herbs may interact with prescription, over-the-counter medication, or supplements, and I will notify the acupuncturist who is caring for me if I am or become pregnant.

- **Liniments, Oils, and Plasters:** herbal formulas applied topically to the skin.

I recognize the potential benefits and risks of these procedures described below, which include but are not limited to:

Potential Benefits: Drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.

Potential Risks: Discomfort, pain, some pain following treatment in insertion area, minor bruising, a burn, blistering, bleeding, infection, numbness or tingling at or near the site of the procedure, temporary discoloration of the skin, broken needle, needle sickness, possible aggravation of symptoms existing prior to the acupuncture treatment, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Teresa Savarino regarding cure or improvement of my condition. I do not expect the acupuncturist to be able to anticipate and explain all the possible risks and complications of treatment, and I wish to rely on the practitioner to exercise judgment during the course of treatment based on what the practitioner thinks is best at the time based upon the facts known. I understand that results are not guaranteed. I understand that the acupuncturist practitioner is not providing Western medical care, and I should look to my primary care provider (MD) for those services and for routine check-ups.

I understand that my practitioner may review my patient records and lab reports.

By signing below, I show I have read, or have read to me, the above consent to treatment, have been told the risks and benefits of acupuncture and other procedures and have had the opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any future condition(s) or which I seek treatment.

Signed: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____

