

BAIRD CHIROPRACTIC CENTER, INC
ACUPUNCTURE WAIVER

CONSENT FOR ACUPUNCTURE

PLEASE READ THIS DOCUMENT CAREFULLY AND COMPLETELY. YOUR SIGNATURE ON THE LAST PAGE INDICATES THAT YOU HAVE READ THE ENTIRE DOCUMENT, HAD YOUR QUESTIONS ANSWERED, UNDERSTAND THE EXPECTATIONS AND RISKS ASSOCIATED WITH ACUPUNCTURE AND CONSENT TO TREATMENT.

Acupuncture is based on ancient Japanese and Chinese medicine. Special needles are inserted into points just under the skin to promote pain relief and healing. It is based on the belief that health relies on maintaining a balanced flow of Qi or Chi, a vital energy present in all living organisms. Qi circulates along 12 major energy pathways in the body, called meridians. Each is linked to specific organs and systems in the body. Within the meridian system there are over one thousand points, which are specific anatomical locations that can be stimulated to control the flow of Qi.

The purpose of acupuncture is to promote the body's own healing power. Conditions that are said to benefit from these treatments include the effects of daily stress, headaches, neck and shoulder pain, aches and pains, allergies, menstrual difficulties, fatigue, anxiety, insomnia, digestive problems, nausea, and back pain. Acupuncture works by stimulating the release of the body's natural pain-killing chemicals, call endorphins.

As with all Traditional Chinese Medicine treatments, acupuncture involves the patient in a gradual, healthful process that I, Dr. Bonnie S. Baird, customize for each individual. Your treatments may include other modalities in conjunction with the acupuncture and will be explained if they are required of your care.

ALTERNATIVE TREATMENTS:

RISKS OF ACUPUNCTURE

In undertaking any procedure, it is important that you understand the risks involved with receiving acupuncture. Although most patients who receive this treatment do not experience complications, the potential side effects or risks are listed below:

- a) BLEEDING AND BRUISING – As with acupuncture in general, when a needle is removed, some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally a bruise, or hematoma, may appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising. If swelling persists, call me immediately.
- b) INFECTION – Infection at the needle site is very rare after an acupuncture treatment because the needles are sterile. If you suspect infection at the needling site (i.e. redness, swelling, or warm to touch), call me. Additional treatment or referral to your M.D. may be necessary.
- c) DAMAGE TO DEEPER TISSUE STRUCTURES – Deeper structures such as blood vessels, nerves and muscles are rarely damaged during the course of acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- d) ASYMMETRY – All bodily structures are naturally asymmetrical. Results may vary from side to side due to the natural asymmetry, previous injuries on one side of the body, or severity of the symptoms from one side or the other.
- e) NERVE INJURY – Injury to the motor or sensory nerve very rarely results from acupuncture treatments. Nerve injuries may cause temporary or permanent loss of movements and feeling. Such injuries may improve over time. Injury to the sensory nerves of the face, neck and ear regions may cause temporary, or more rarely, permanent numbness. Painful nerve scarring is extremely rare.
- f) NEEDLE SHOCK – Needle shock is a rare complication that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, please let me know immediately.
- g) ALLERGIC REACTION – In rare cases, local allergies to topical preparations have been reported. Systemic reactions that are more serious may occur to herbs used during an acupuncture treatment. Skin testing is done prior to applications of any herbal preparations. Allergic reactions may require additional treatment or discontinuation of treatment.
- h) DELAYED HEALING – Delayed healing is a rare complication. Smoking and certain health conditions, such as diabetes or chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.
- i) UNSATISFACTORY RESULTS – It is important to understand that you are not having a surgical procedure. The alternatives, risks, and comparisons of surgical procedures versus acupuncture have been discussed and outlined in this document. Please discuss any questions with me before treatment begins.

HEALTH INSURANCE

Most health insurance does not cover the cost of the procedure, or complications resulting from the procedure. Please contact your insurance if you have any questions about coverage.

Initial: _____

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DISCLAIMER

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered all-inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge advance and as practice patterns evolve. I may provide you with additional or different information that is based on the facts in your particular case and the present state of knowledge within the field of acupuncture.

CONSENT FOR ACUPUNCTURE TREATMENT

I, _____, recognize that during the course of acupuncture treatments, unforeseen conditions may necessitate different procedures than those listed above. I therefore authorize Dr. Bonnie S. Baird and assistants, to perform such other procedures required in her professional judgment and within her scope of practice. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is undertaken.

I hereby authorize Dr. Bonnie S. Baird, DC, Certified in Acupuncture, and her assistant(s) to perform acupuncture. My signature below indicates that:

1. It has been explained to me in a way that I understand:
 - a. There are risks involved with the procedure.
 - b. I have alternatives available to me for pain relief.
 - c. How the treatment or exposure involved with the procedure will be undertaken.
2. Dr. Bonnie S. Baird, DC, Certified in Acupuncture, has addressed my questions and expectations.
3. I acknowledge that no guarantee has been given to me by anyone as to the results that may be obtained.
4. If applicable, I authorize the release of medical information. I have received a copy of the HIPAA statement from Baird Chiropractic, Inc.

Patient Signature

Date

Practitioner Signature