

Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact Person in Case of Emergency Name \_\_\_\_\_

Phone \_\_\_\_\_

How Did You Learn of Our Clinic? \_\_\_\_\_

Have You Received Acupuncture or Oriental Medicine Before? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

Please Read the Following Carefully:

I, the undersigned, understand that acupuncture and moxibustion may be considered as investigative procedures in the United States. I fully understand there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

If I am receiving electro-therapeutic treatment, I consent to do so knowing there are no guaranteed results. I acknowledge that I have been advised that using acupuncture, moxibustion, and electro-therapy could result in bruising, puffiness, redness, bleeding, burns, pain, or other symptoms.

Additionally, herbs, herbal formulas, and supplements discussed during the course of consultation are not intended as "prescription" of these substances in any form, for any condition, but are intended as discussion, study, and suggestion of possible herbal and supplemental remedies that a person may pursue of their own free will and educated choice. Also, any dietary recommendations are intended as a point of discussion which a person may pursue at their own discretion and choice.

I have read and understand that the Traditional Chinese Medicine diagnosis and discussion of an individual's constitution and health concerns and subsequent suggestions and recommendations regarding acupuncture, moxibustion, electro-therapeutic treatment, herbal therapy, dietary guidance and dietary supplementation is not intended to replace, pre-empt, or take the place of a person's consultation with their own physician or medical doctor for health and medical concerns; this includes obtaining a western medical diagnosis, at least two medical opinions for a condition, and advice and care when necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

