

AcuCare
644 Lakeland East Dr., Suite F
Flowood, MS 39232
601-345-8621

INFORMED CONSENT FOR TREATMENT

Oriental Medicine includes various modalities such as acupuncture, tuina, massage, cupping, acupressure, warming and electrical stimulation. These ancient techniques utilize a natural system of healing within the body.

I, the undersigned, hereby authorize Dennis Holmes, licensed acupuncturist, to perform the above modalities, including acupuncture procedures induced by the insertion of sterile, single use needles into the underlying tissue at certain points on the surface of the body. The nature, consequences and possible risk and benefits of these procedures have been explained to me.

POTENTIAL RISK: Discomfort at the insertion of the needle, bruising, weakness, fainting, nausea, and possible short term aggravation of symptoms existing prior to acupuncture treatment.

POTENTIAL BENEFITS: To allow drugless relief of presenting symptoms and improved balance of bodily energies, which may lead to prevention or elimination of the presenting problem.

With this knowledge, I voluntarily consent to the above procedures. I understand these techniques are not a substitute for conventional medical care. I realize that no guarantees have been given to me regarding cure or improvement of my condition and that no treatment program is affective for everyone.

I understand that I am free to discontinue my treatment at any time. I also understand that my clinical records will be kept confidential and only disclosed with my permission or summarized anonymously.(initial____)

I hereby authorize Dennis Holmes, Lac and staff to verify my history or condition with my physician, if required, and to release my clinical records to my insurance company if they so require in order to honor my insurance claim.

**WELCOME AS A NEW CLIENT. WE GREATLY APPRECIATE YOUR COOPERATION
AND LOOK FORWARD TO TREATING YOU.**

PRINT PATIENT NAME: _____

DATE: _____

PATIENT/GUARDIAN SIGNATURE: _____