



Acupuncture and Chinese Herbal Medicine
for the whole person

Informed Consent to Treat Form

I, _____, hereby authorize Linda M. Lofaro of WholeSelf, LLC, to diagnose and treat according to the professional standards of Traditional Chinese Medicine and her trained professional judgement and to remedy any unforeseen reactions to treatment procedures. I understand that treatment may include but is not limited to the following. (Only check boxes you DO NOT GIVE consent for.)

- Insertion of various sizes of acupuncture needles into my body at various depths/locations.
- Heat treatments using *Artemisia vulgaris* (moxibustion or “moxa”) or a conventional heat lamp. Indirect moxa treatments involve putting moxa on the head of the needles or on top of a barrier, such as salt or a slice of ginger. I’m aware that with any type of heat there is always some risk of burn.
- A skin scraping massage technique called “gua sha” that may leave redness or bruising on the skin surface and soreness that can last up to 5 days.
- A cupping technique used to promote circulation that may leave redness or bruising on the skin surface and soreness that can last up to 5 days.
- Electroacupuncture which involves a non-painful electrical stimulation between two needles to address pain, numbness or to enhance acupuncture treatment.
- Bloodletting to improve circulation and rid the body of heat. It involves a prick of the skin with a lancet allowing 4-5 drops of blood to be expressed.
- Tuina (chinese acupressure massage) is used to unblock the pathways, relieve tension and pain. I am aware that treatments are intended to be strong but that I can request gentler pressure.
- Chinese herbal medicine (as pills, powdered extracts, raw herbs or tinctures) to be administered orally and/ or topically. I am aware that adverse effects from herbs are rare but possible. I understand that initial prescriptions are intentionally mild to monitor for possible reactions and modified as needed.

I am aware that my practitioner is Licensed by the state of Massachusetts in Acupuncture and Chinese Herbs, Board Certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and holds a Masters degree in Acupuncture and Oriental Medicine.

I have been informed that I have the right to refuse any form of treatment. I understand that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so that I may make an educated decision regarding the duration and appropriateness of continuing treatment. All of my questions, prior to receiving treatment, have been answered to my satisfaction.

I HAVE / HAVE NOT (circle one) been examined by a licensed physician or other licensed health care provider with regard to my current condition. If yes, I have informed the acupuncturist of the diagnosis.

I HAVE / HAVE NOT (circle one) informed the practitioner of allergies to any substances.

I DO / DO NOT (circle one) have a pace maker.

I DO / DO NOT (circle one) have a bleeding disorder.

Patient signature: _____ **Date:** _____