



## **Patient Advisory**

It is recommended that you consult your physician regarding any condition or conditions for which you are seeking acupuncture and herbal treatments. In compliance with professional regulations, please read and sign the following statement:

I, the undersigned, do affirm that \_\_\_\_\_ (patient) has been advised by Yaron Seidman, DAOM to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatments.

## **Informed Consent to Treatment**

I consent to acupuncture treatment and other procedures associated with Traditional Oriental Medicine by Yaron Seidman, DAOM. I understand that methods of treatment may include but are not limited to: acupuncture, moxabustion, herbs and Tui Na (Chinese Massage).

I have been informed that acupuncture is a safe method of treatment, but it may have side effects including bruising, numbness or tingling near the needling site that may last for a few days, dizziness or fainting. Infection is another possible risk, although in this office only sterile, disposable needles are used and a clean and safe environment is maintained. Burns and scarring are a potential risk of moxabustion. Nausea and discomfort are a possible side effect of herbal intake. I understand that while this form contains the major risks of treatment, other side effects and risks may occur. I understand that while taking herbs if other symptoms have developed, I should stop the herbal intake and contact this office before reassuming further herbal intake.

I agree to notify Yaron Seidman DAOM if I am currently pregnant, or become pregnant. I understand that special precautions are taken with pregnant women when applying acupuncture and other Traditional Oriental procedures.

## **Cancellation Policy**

A twenty-four (24) hour notice is required when canceling an appointment. I understand that I will be charged a cancellation fee equal to the appointment fee if less than 24 hours notice is given to cancel an appointment. An exception may be made in the case of a medical emergency in which case I will be required to provide medical documentation outlining the medical emergency. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

---

Patient Signature

---

Date