



# INTOUCH

## PATIENT ADVISORY TO CONSULT A PHYSICIAN

Jordanna Dworkin, L.Ac. is committed to your health and well-being. Although Oriental Medicine has a great deal to offer as a health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, I recommend that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment.

I, the undersigned, do affirm that \_\_\_\_\_  
(PRINT CLIENT NAME)

has been advised by Jordanna Dworkin L.Ac. to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jordanna Dworkin, L.Ac. \_\_\_\_\_ Date: \_\_\_\_\_

## II. INFORMED CONSENT TO TREAT

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Jordanna Dworkin, L.Ac. I have also discussed the nature and purpose of my treatment with Ms. Dworkin. I understand that the methods of treatment may include but are not limited to: acupuncture, moxibustion, cupping, gua sha, electrical stimulation, Tui Na (Chinese massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness, or tingling near the needling sites that may last a few days, dizziness, or fainting. Bruising is a common side effect of cupping or gua sha. Unusual risks of acupuncture include miscarriage, nerve damage and organ puncture. Infection is another possible risk, although Jordanna Dworkin, L.Ac. uses sterile disposable needles and maintains a clean, safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (derived from plant, animal, and mineral sources) that may be recommended are traditionally considered safe, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomach-ache, vomiting, diarrhea, rashes, hives, or tingling of the tongue.

I understand that the herbs need to be prepared and consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify Jordanna Dworkin, L.Ac. of any anticipated or unpleasant effects associated with the consumption of the herbal teas.

I will notify Jordanna Dworkin, L.Ac. if I am or become pregnant.

I understand that all of my records will be kept confidential and will not be released to any party without my written consent, in full compliance with HIPAA regulations.



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By voluntarily signing below, I show that I have read or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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 NAME: .....

SIGNATURE:

JORDANNA DWORKIN, L.Ac. ....

SIGNATURE: