

AcuHealth LLC

Consent to Treatment

By signing below, I do hereby voluntarily consent to be treated with acupuncture by licensed acupuncturist, Catherine Brett Cain, dba as AcuHealth LLC. I understand that acupuncturists practicing in the states of Ohio and Kentucky are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by this practitioner.

Acupuncture/Moxibustion: I understand that acupuncture is performed by insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects, although rare, may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain, or discomfort, and possibly temporary aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Direct Moxibustion: I understand that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand I may refuse this therapy.

Notice of Privacy Practices and Patient Rights

I acknowledge that I have received a copy of the Notice of Privacy Practices and Patient Rights and have had an opportunity to ask questions about it. All questions I have asked have been fully answered.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Contact Information

May we leave a message at your home/ voice mail/ answering machine? Y N If no, where? _____

May we send information to your home address? Y N If no, where? _____

In case of emergency please contact _____ Relationship _____

Phone number(s): _____

Would you like to receive my online newsletter? Y N

How did you hear about me? _____

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone(s): Home: _____ Cell: _____ Work: _____