

Joshua Summers, MAOM
Integral Acupuncture
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Consent To Treat

I, _____, hereby authorize Joshua Summers, MAOM, to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various sizes and styles of acupuncture needles into my body at various depths and locations.
2. Heat treatments using *Artemesia vulgaris* (moxabustion). The heat generated from moxa therapy may involve slight discomfort or leave a blister or scar on the skin. With any type of heat, there is always the risk of a burn.
3. Cupping may be used to promote the circulation of Qi. Cups may generate a red/purple color on the treated area that can last for 1-5 days.
4. Ion pumping cords may be attached to certain needles to promote the flow of Qi within the meridians.
5. Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians.

I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO REFUSE ANY FORM OF TREATMENT. I UNDERSTAND THE NATURE OF TREATMENT, HAVE BEEN INFORMED OF THE POSSIBLE RISKS AND HAVE BEEN GIVEN OPPORTUNITY TO ASK QUESTIONS PERTAINING TO MY TREATMENT. I ALSO UNDERSTAND THAT NO GUARANTEE CAN BE MADE CONCERNING THE RESULTS OF TREATMENT.

PATIENT SIGNATURE: _____

PRINTED NAME OF PATIENT: _____ ***DATE:*** _____

PRACTITIONER'S SIGNATURE: _____