



AMY MAGER, MS, Lic. Ac.
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ACUPUNCTURE CONSENT TO TREATMENT

I understand that Amy may include acupuncture, Traditional Chinese Medicine, electrical stimulation to acupuncture points, Tui Na/Chinese massage Gua Sha and nutritional counseling and more.

The herbal medicines and supplements Amy employs are traditionally considered safe in the practice of Chinese Medicine. I will inform Amy immediately if I am working to become pregnant or could possibly be pregnant. I will let her know if I experience any gastro-intestinal symptoms during treatment.

I understand that I have a right to refuse any form of treatment. I understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any care I receive from Amy. I understand it may be necessary for my practitioner to contact another one of my health care providers in order to coordinate medical treatment, to discuss an emergency situation and/or to share appropriate medical information.

I authorize the release of all medical information acquired from my examination, situation for treatment or for purposes of claims administration and evaluation, utilization review or financial audit.

I agree to pay the full charge for any missed or forgotten appointments without 24-hour notice of cancellation. I agree to pay all charges incurred for services rendered, over and above insurance coverage.

To be completed by the patient's representative, if the patient is a minor, or physically/legally incapacitated:

Patient's Name _____ Patient's Representative _____
 Relationship to Patient _____ Referred by _____

Patient's Signature _____ Date Signed _____
 Witness _____ Date Signed _____