

## Informed Consent to Treatment and Care

By signing below, I do hereby voluntarily consent to the performance of Acupuncture and other procedures within the scope of practice of the AcuBar practitioners and/or other licensed providers who now or in the future treat me while employed by, working or associated with, or serving as back-up for the above named provider group, including those working at the clinic or office listed above or any other office or clinic whether signatories to this form or not who will exercise his/her judgment in my best interest at all times, in reference to treatment. I understand that there is no implied or stated guarantee of success or effectiveness of treatment. I understand and am informed that, as in the practice of medicine, in the practice of acupuncture, there are some risks to treatment, including, but not limited to bruising, slight bleeding, nausea, a punctured lung and infection. The risk of any of these occurrences is very small and the clean needle technique procedure or guidelines is rigorously followed. ALL NEEDLES USED FOR ACUPUNCTURE ARE STERILE AND ARE USED ONLY ONE TIME. I have read the above consent and consider this consent form to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment.

I understand that methods of treatment may include, but are not limited to acupuncture, moxibustion, cupping, electrical, stimulation, Tui-Na (Chinese massage), Chinese Herbal medicine and nutritional counseling and any other modality utilized as prescribed by the scope of practice. I understand that the herbs may 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 a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of herbs or supplements provided.

I have been informed that the acupuncture is generally a safe method of treatment, but that it may have some side effects including: bruising, numbness, or tingling near the needling site that may last a few days and dizziness or fainting. Damage and organ puncture, including lung puncture (pneumothorax), although rare have been sited. Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are other treatment side effects and risks that may occur.

### CONSENT FOR TREATMENT OF A MINOR CHILD

I authorize the above named provider group to administer acupuncture and treatment as deemed necessary to: Name of Minor Child: \_\_\_\_\_. I, fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time based on the facts then known is in my best interest. I understand that results are not guaranteed.

I understand that clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read the above consent treatment, have been told about the risks and benefits of acupuncture and other procedures and treatments, and have had opportunity to ask questions. I intend for this consent to cover the entire course of treatments for my present condition and for any future conditions for which I seek treatment.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Patient Signature:</b> _____ <b>(Or Patient Representative)</b>	<b>(indicate relationship if signing for patient)</b>
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## **Informed Consent Form**

Dr. Zagross engages in an energetic practice of integrative Eastern philosophy of medicine. Most diagnostic information is acquired through observation, listening, palpation, as well as digital assessment devices to evaluate physical patterns and topographic illustrations of the body. This includes touching acupuncture points, body regions, feeling the pulses, and asking many questions that closely investigate the mental, emotional, energetic, and physical connections to the root cause and realms of being. The most important aspect of his practice and healing is guided by intuition and touch, founded on decades of knowledge and experience.

### **Treatment Session**

During your treatment session, you will be asked to disrobe and wear the gown provided. Loose clothing is necessary to allow the energy to flow freely. You will need to remove restrictive clothing, shoes, socks, etc.

For health and sanitary reasons, street clothes should not touch the treatment areas and beds. The gowns are the most sanitary choice to provide the easiest access to the acupuncture sites and body regions that need to be evaluated, palpated, and treated.

Dr. Zagross will apply any of the diagnostic approaches described above to determine the best path forward for your treatment. Energy flow in the body is best palpated with hands to determine the viability of the flow. Acupuncture points and pathways are live energetic foci that convey information, and only astute, experienced providers can discern the subtle variations in flow through touch.

During the actual practice of inserting the needles, they are placed with utmost care to provide a gentle stimulus while allowing you to relax and enjoy the treatment. Acupuncture points are located on various parts of the body, including the trunk and torso, head, neck, face, scalp, upper extremities, and lower extremities. Although there is an anatomical method of locating these points, they are best located based on energetic shifts in the body through palpation of their location.

A comprehensive wellness session, addressing mental, emotional, energetic, and physical parameters, as well as complex patterns, may require up to ninety minutes. If you have time constraints, you may inquire about focused care that addresses a singular complaint and requires less time. Dr. Zagross adopts a holistic approach to addressing any chief complaint, considering the interrelation of all body parts and their contribution to overall health. Should you prefer to focus on a specific area without taking other factors into account, please inform us. However, please note that this preference does not exempt you from following the general procedures required during your visit.

Dr. Zagross will use an acupuncture prescriptive method to place the needles, usually in a particular order based on his evaluation. Once the needles are placed, you will be left to relax for 20-30 minutes on each side (usually front and back when required). It is important that you keep movement to a minimum to reduce chances of agitation and displacement of the needles. Typically, a session may start with your back and end with the front. Dr. Zagross will make the decision to choose the best approach based on your wellness needs. In between the transition from back to front, Dr. Zagross may opt to use TuiNa (Chinese myofascial manipulative techniques) to further loosen the spine and muscle tension, facilitating better energy flow and improving communication between the brain, spine, and the rest of the body.

Dr. Zagross may also choose various modalities and devices as he finds necessary, including but not limited to Infrared, ElectroStim, NeuroStimulator, Magnets, PEMF and/or Bio-Mat, Ear Pressure Seeds, etc., to facilitate his treatment. Please communicate any restrictions you may have with respect to the use of any such modalities.

### **Patient Responsibilities**

We encourage you to communicate your needs and preferences prior to each visit so that we can provide you with the best experience possible. Although Dr. Zagross is highly intuitive in his practice and utilizes every modality he deems necessary for your healing, it is ultimately your responsibility to communicate your preferences. In addition to being a healer, he is also an educator and enjoys addressing any questions you may have regarding your health or treatment. There are many intricate details involved in each treatment session that cannot be covered in a single visit, therefore your questions are encouraged and welcomed.

As it is Dr. Zagross' intention to remove the mental, emotional, energetic, and physical obstacles to your health, we invite you to communicate and make this a health experience.

Each session is unique; however, multiple sessions are needed to bring about cumulative health benefits and resolve multiple health concerns. Please follow the recommendations made and be patient while you achieve long-lasting results.

**During your sessions, you are asked to refrain from using cell phones or electronics. Each session is designed to relax you and disengage you from your stressful environment. Use of cell phones, electronics, or any other activity such as conversations or practices that disrupt the flow of treatment is prohibited. Treatment areas are designated as a quiet zone so that all patients can enjoy a quiet and peaceful ambiance.**

### **Consent**

Please indicate any part of the care you do not wish to participate in by writing "NO SKIP," providing a brief explanation.

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Signed \_\_\_\_\_

Date \_\_\_\_\_