

WASHINGTON STATE ACUPUNCTURE & CHINESE MEDICINE CENTER

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Seattle, Washington 98104
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PATIENT QUESTIONNAIRE & CONSENT

The law requires patients receiving acupuncture to give their informed consent prior to receiving treatment. Informed consent is for the patient to be advised of the credentials of the practitioner(s) and the scope of the practice of acupuncture in the State of Washington.

The practitioner, **Raymond Y.T. Chan, L.Ac.**, is licensed in the State of Washington. He has over 35 years of experience in the medical field, and was a professor of acupuncture at the Chinese Medical and Acupuncture College in Macao prior to his immigration to the United States of America.

The practitioner, **Salina Chan, N.D. L.Ac.**, is licensed in the State of Washington. She graduated from Bastyr University with a Doctorate degree in Naturopathic Medicine, and a Masters degree in Acupuncture and Oriental Medicine. She has received additional training in gynecology from the Beijing University of Chinese Medicine in Beijing, China.

As stated by law, therapy acupuncturists in the State of Washington are allowed to use the methods listed below. This in no way means that all these methods will actually be used for your treatment. You will be advised before any one of these methods is to be applied, and you always have the right to decline.

1. use of acupuncture needles to stimulate acupuncture points
2. use of electrical, magnetic, or mechanical devices to stimulate acupuncture points
3. moxibustion (direct or indirect application of heat on acupuncture points using herbal materials)
4. Tui Na (acupressure)
5. cupping
6. Gua Sha (dermal friction)
7. infra-red light
8. sono-puncture (ultrasound)
9. laser puncture
10. dietary advice based on traditional Chinese medical theory

Patients with the following conditions must inform the practitioner(s) prior to receiving acupuncture treatments. Please check the following that applies.

- _____ pregnancy
- _____ pacemaker
- _____ severe bleeding disorders
- _____ hepatitis
- _____ AIDS or HIV positive

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the above named practitioner(s), or other licensed practitioners who now or in the future treat me while employed by, working or associated with or serving as back-up for the practitioner(s) above, including those working at the clinic or office listed above.

(please turn over)

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui Na (Oriental massage), herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may be 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 the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effect and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental Medicine, 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, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

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 upon the facts then known is in my best interest.

I understand the 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, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures. 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.

I, the undersigned, have read and understood the foregoing information and voluntarily consent to the use of the above procedures for treatments. I understand that there is no guarantee implied or expressed regarding the success or effectiveness of a treatment or a series of treatments. I hereby release **Raymond Y.T. Chan, L.Ac.** and **Salina Chan, N.D. L.Ac.**, and the assistant(s) under the supervision of him or her, from all liability in connection with these treatments. I understand that I am free to withdraw my consent and stop treatment at any time.

Patient Signature: _____
Guardian signature if under age 18

Patient Name (please print): _____

Date: _____