



WELLNESS CLINIC
BIJANA KADAKIA ND LAC

Acupuncture Consent Form

Acupuncture Procedure

Acupuncture involves the insertion of fine solid needles into the body at various acupuncture points. These points are frequently, but not always located along defined meridians. The goal of treatment with acupuncture is to relieve symptoms and enhance wellness.

Other East Asian Therapies

Dr. Kadakia does offer additional East Asian medical therapies at times including ear seeds, cupping, gua sha, massage, and moxibustion therapies. These treatments carry some of the same listed risks as listed below for acupuncture. Additional information will be provided and questions will be answered if these therapies are recommended for you. Please note that an additional risk unique to moxibustion is the risk of burning, though great care is taken to mitigate this risk.

Acupuncture Alternatives

There are many alternatives to receiving acupuncture treatment and other east Asian therapies including no treatment at all, pursuing other forms of body work such as massage, other forms of manual therapy, chiropractic, physical therapy, regenerative joint injections, surgery, etc. The option to pursue acupuncture is strictly voluntary.

Acupuncture Risks

Acupuncture needles are sterile and disposable. No needle is ever used multiple times. Clean Needle Technique is applied to reduce the risk of infection during treatment.

My signature below indicates that I understand and accept the risks of acupuncture include bruising, bleeding, infection, a mild aching, soreness, numbness or tingling, weakness, nausea, dizziness, fainting and a temporary exacerbation of symptoms. I understand that there is also a risk of more serious complications including nerve damage, organ puncture and spontaneous miscarriage. I understand that this document describes the major risks of treatment and that providers are not able to anticipate and explain all possible complications. I understand the possible risks and complications involved that have been listed here.

I agree to notify Dr. Kadakia of any bleeding disorders, drug therapies or recreational drug use, pregnancy/breast-feeding status, any symptoms that develop during or after treatment and any additional questions that may arise during treatment and that failure to disclose these may increase the risk of negative effects during or after treatment.

Aftercare

There is generally no special care needed after acupuncture, but Dr. Kadakia recommends the following:

- Pay attention to how you feel after your first few treatments, both immediately upon rising and for the next 24 hours. If you feel dizzy upon rising, please take your time upon rising and let me know.
- If you feel tired after your treatment, allow your body to rest as much as possible. Take a nap or go to bed early.
- Stay hydrated after treatment.
- Do not schedule any intense body work such as massage therapy, chiropractic or physical therapy immediately following acupuncture treatments when possible. The next day is fine.
- If you feel increased energy and/or pain relief after your acupuncture treatment, please do not overdo it with increased activity. Keep your activity moderate or similar to pre-treatment levels. You may

gradually increase activity as your treatment plan progresses.

- A mild worsening of symptoms may sometimes occur. This typically resolves within 24 hours. If it does not, please feel free to contact me.
- You may also have some sensations at the acupuncture points which were used in your treatment afterwards. This should also resolve within 24 hours. If it does not, feel free to contact me.
- If you experience bruising any of the acupuncture point sites, please feel free to apply ice for up to 20 minutes 2x/day or arnica cream/gel to aid in resolving the bruise.
- If you experience persistent bleeding at any of the acupuncture point sites, please apply gentle pressure with a clean cotton or cloth for 20 minutes. If bleeding continues, please contact me.

Consent

My signature below indicates my understanding of and agreement with the following:

I hereby voluntarily consent to receive acupuncture and East Asian therapeutic treatment for my present and future health conditions from Bijana Kadakia, ND, LAc, a licensed acupuncturist in good standing with the Oregon Medical Board (OMB) and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Treatment will primarily involve acupuncture, but may also include other forms of East Asian therapeutics including but not limited to the application of ear seeds, cupping, gua sha, massage, and moxibustion therapies.

I understand that there is no stated or implied guarantee of success or effectiveness of a specific treatment or series of treatments. I understand that acupuncture and Chinese medicine is not a substitute for standard Western medicine, that certain health disorders may require medical diagnosis and treatment, and that I am free to seek such treatment at any time, either in lieu of or concurrently with acupuncture treatment.

The procedure, risks, alternatives and aftercare for Acupuncture treatment have been explained to my satisfaction.

I consent to receive treatment that involves the above procedures. I understand that results are not guaranteed. I understand that I have the right to refuse or discontinue treatment at any time. I understand that this refusal may affect the expected results.

SIGNATURE

PATIENT SIGNATURE _____

Date: _____

If signed by someone other than the patient, please sign and indicate relationship. Verification that you are legally authorized to sign on the patient's behalf may be required.

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