

Hisatomi Traditional Medicine
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CONSENT FORM FOR TRADITIONAL CHINESE MEDICINE

Acupuncture: The insertion of sterile, disposable needles through the skin into underlying tissues at specific points on the body.

Cupping: A healing technique of placing a glass or bamboo cup over the skin or needle in which a vacuum suction has been created by heat.

Moxabustion: The burning of the herb *Artemisia vulgaris* over the skin to create warmth over an acupuncture point or area of the body.

Herbal Medicine: The administration of herbs in a pill, powder, tincture, tea or topical plaster.

Massage and acupressure: The use of external pressure on the skin.

Plum Blossom: The light tapping of a small seven-pointed needle on the skin.

Gua Sha: Rubbing on the skin with a smooth porcelain spoon.

TVP Lamp: A deep heating lamp directed over an area of the body.

Any procedure intended to help may have complications. While the chances of experiencing complications are small, our policy is to inform our patients about them. These complications may include but are not limited to soreness, possible bruising, or minor bleeding at the site of the procedure, dizziness, temporary discoloration of the skin and possible aggravation of symptoms existing prior to treatment. More serious complications are extremely rare. Additional information on side effects and complications is available on request. It is also our policy to inform you of the procedure being performed and the risks and alternative treatments available. If herbal medicine causes any digestive upset, loose bowels or nausea the treatment should be discontinued until the patient calls the clinic.

I voluntarily consent to the possible use of the above treatments at the Hisatomi Traditional Medicine Clinic. I understand that natural medicine has a cumulative effect and no guarantees of cure are being made toward my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I have carefully read all the information and have no further questions at this time.

Patient Signature _____ **Date** _____

Printed Name _____