

**Consent Form for Traditional Methods**

I, the undersigned hereby authorize Elisha F. Weinberg, who is currently licensed in the State of Washington (AC0002549) to perform the following acupuncture procedures:

**Acupuncture:** the insertion of special sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body

**Acutonics:** the use of tuning forks to help heal the body with sound waves and vibration. The forks are placed near and on the body, often on acupuncture points and energy meridians.

**Cupping:** a technique used to relieve symptoms by applying cups made of glass, bamboo, or other materials to the skin with a vacuum created by heat or other devices.

**Plum Blossom or Seven Star Hammer:** multi-needle devices applied to areas of the body with a light-to-moderate tapping technique.

**Gua Sha:** the rubbing of an area of the body with a blunt-edged instrument

**Moxabustion (Moxa):** the burning of herbs on or near the body to warm it, strengthen it, and relieve symptoms. Moxa comes in several forms such as a stick, string, ball, cone, or rice grain.

**Tuina:** an ancient technique of Chinese medical massage, used for a variety of common illnesses.

**Dietary Advice:** food and herbal advice based on traditional Chinese medical theory.

**Electro-Acupuncture:** the running of very low electrical current through one or more needles to help heal the body

*I recognize the potential risk and benefit of these procedures as described below*

**Potential risks:** Although uncommon, there is a potential for acupuncture to produce some discomfort or pain at needled sites, minor bruising, or infection. It may also cause needle sickness, a broken needle, temporary discoloration of the skin, and potentially... an aggravation of symptoms existing prior to the acupuncture treatment. Clients with severe bleeding disorders or pace-makers should inform their practitioners prior to treatment.

**Potential benefits:** drugless or drug-reduced relief of presenting symptoms and the improved balance of bodily energies which may lead to prevention or elimination of the client's main complaint(s).

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by [name of practitioner] regarding the cure or improvement of my conditions.

I hereby release Elisha F. Weinberg from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

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Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Authorized to Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date