

## Voss Medicinal Healing Consent to Treatment Form

I hereby request and consent to the performance of Acupuncture, Herbology and Nutritional therapy and other procedures within the scope of the practice from the Oriental Materia Medica at Voss Medicinal Healing by a licensed acupuncturist, who will exercise judgment in my best interest at all times, in reference to my treatments. I understand that there is no implied or stated guarantee of success or effectiveness with my acupuncture treatments. I understand that acupuncturists practicing in California are not considered primary care providers and that regular medical primary care must be provided by a licensed physician, for which is an important choice that is strongly recommended by this clinic, Voss Medicinal Healing.

**Acupuncture / Moxibustion:** I understand that all needles used in acupuncture are sterile and disposable. I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction, pain or diseases to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, as well as a slight possible aggravation of the pre-existing condition or in very rare circumstances an infection, peritoneal or pneumothorax puncture. The risk of any of these occurrences is very small and sterile procedures are rigorously followed.

**Direct Moxibustion:** I understand that if I receive direct moxibustion as part of my therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

**Electro Acupuncture:** I understand that my acupuncture treatment may include electro-stim to enhance the results of my acupuncture treatment. I am aware that certain side effects may occur, but not limited to: electrical shock, pain or discomfort. I understand that I may stop or refuse this treatment if I am uncomfortable at any time.

**Herbal Formulas / Nutritional Supplements:** I understand that formulas from the Oriental Materia Medica or Nutraceuticals may be recommended for me to take to treat bodily dysfunctions, diseases, pain or for prevention to help restore the physiological functions. I understand that I am not required to take these substances, but must follow the directions for administration and dosage if I decide to follow the treatment protocol and take them. In the event that I may develop an adverse side effect from the formulas such as, but not limited to: changes in bowel movements, abdominal discomfort or nausea which I would associate with these substances, I would stop taking them and call Voss Medicinal Healing at once.

**Acupressure / Tui-Na / Cupping:** I understand that I may also receive the treatments of Acupressure / Tui-Na / Cupping to modify, reduce inflammation, increase circulation or prevent pain. I am aware that certain adverse side effects may occur, but are not limited to: bruising, sore muscles or aches, or even the possible aggravation of returning symptoms of my pre-existing condition. It is my understanding that I may stop this treatment at any time that I would be uncomfortable.

I understand that there may be other treatments or diagnostics advised, such as lab work, x-rays, or even referred to a specialist. I also understand that I may ask my practitioner for more detailed information. I have carefully read all of the above consent and am fully aware as to what I am signing. I consider this consent form to cover the entire course of my present treatment, as well as any future conditions that I seek treatments at **Voss Medicinal Healing**.

**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

### Voss Medicinal Healing

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