INFORMED CONSENT FOR CHIROPRACTIC AND/OR ACUPUNCTURE TREATMENT AND CARE

I hereby request and consent to the performance of chiropractic adjustments, acupuncture treatment or any other procedures performed on me (or on the patient named below for which I am legally responsible) which are recommended by Dr. Cynthia Smith. Procedure(s) consented to may include but are not limited to examinations, chiropractic adjustments, acupuncture, acupressure, myofascial release, therapeutic exercises, electrical stimulation, ultrasound, nutritional counseling, tui-na, gua-sha, infrared light, acupuncture electrical stimulation, cupping therapy, and herbal/nutritional counseling. During an acupuncture treatment Dr. Smith may insert sterile, single-use needles on various acupuncture points on your body.

I understand that, as with any health care procedure, there are certain complications, which may arise during a chiropractic adjustment and/or acupuncture treatment. While rare those complications from a chiropractic adjustment include but are not limited to fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy or costovertebral strains. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to stroke or other serious complications. Dr. Smith will carefully review your medical history and evaluate which treatment best fits your condition before application of any therapy. On rare occasions acupuncture may have side effects such as dizziness, fainting, bruising, numbness or tingling near the needling sites that may last a few days. Slight bruising is a possible side effect of acupuncture and cupping therapy. Mild burns and/or scarring are a possible risk of moxibustion or cupping. Highly unusual risks of acupuncture may include infections, spontaneous miscarriage, minor nerve damage, and organ puncture. We comply with strict protocols for needle usage and associated healing modalities. I understand while this document describes the possible risks of treatments, other side effects may occur.

Informed Consent for Herbal Medicine:

Eastern Medicine uses and recommends herbs and nutritional supplements from plant, animal, and mineral sources which are traditionally considered safe. Herbs come in either capsules or granule (tea) forms. Some may have an unpleasant smell or taste. So capsule form may be easier. Though rare, possible side effects from taking herbs or supplements include nausea, stomach ache, vomiting, diarrhea, rashes, hives, and tingling of the tongue. Taking large doses may be toxic. Some herbs may be inappropriate during pregnancy. I will notify the doctor if I may be pregnant or suspect that I am pregnant before each treatment begins. I understand that the recommended herbs/supplements need to be consumed according to the doctor's instructions. I will immediately notify Dr. Smith of any unanticipated or unpleasant effects associated with the consumption of the herbal recommendations.

I do not expect the Dr. Smith to be able to anticipate and explain all possible risks and complications of treatment. I wish to rely on the Doctor to exercise judgment in my best interest during the procedure(s), which the Doctor feels at the time based upon the facts then known.

By voluntarily signing below, I show that I have read, or have had read to me, the entire contents of this Informed Consent Form. I understand the risks and benefits of chiropractic and acupuncture associated procedures. I have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present conditions and for any future conditions for which I seek treatment with my chiropractor/acupuncturist at Cynthia Smith Chiropractic & Acupuncture.

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Signature of Patient or Personal Representative **Signature of Provider**

_____ Cynthia Smith DC, LAc, CHt

Print name of Patient or Personal Representative **Print name of Provider**

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Date of Consent