

## Consent for Treatment

**General Information:** Sofina Lin Rozich LAc is a clinician that integrates a number of medical treatment modalities. Due to the diversity of modalities offered, your treatment may include any or all of the following general modalities: Acupuncture and Oriental Medicine, Tui na, Cupping, Moxibustion, Gua sha, Topical treatments, electro therapy and Chinese medicinal Counseling.

**Methods, Procedures and Therapeutic Approaches:** The above mentioned practitioner may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

**General Assessment:** (including but not limited to general physical palpation, neurological and musculoskeletal assessments)

**General Exercise recommendation:** (including home exercise, SOTAI)

**Acupuncture:** (insertion of special sterilized needles at specific points on the body to directly or indirectly stimulate acupuncture points and meridians)

**Moxibustion:** (A soft woolly mass prepared from ground young leaves, typically in the form of sticks or cones, which are ignited and placed on or close to the skin or used to heat acupuncture points)

**Acupressure:** (Traditional Chinese medical massage and manual therapy)

**Laserpuncture:** (laser light beams are applied to the acupuncture points to help stimulate the flow of qi and promote healing)

**Breathing, Relaxation, and East Asian Exercise Techniques Qi Gong:** (an internal Chinese meditative practice that often uses slow graceful movements and controlled breathing techniques to promote the circulation of qi within the human body, and enhance a practitioner's overall health)

**Topical Treatments and Prepping** (includes cupping -----a technique using glass cups on the surface of the skin with usually a heat created vacuum; and Gua Sha-----rubbing on an area of the body with a blunt, round instrument) **Herbs/Natural Medicines**

(prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical creams, pastes, plasters washes or other forms.) **Dietary Advice and Therapeutic Nutrition** (use of foods, diet plans or nutritional supplements including Chinese herbal medicine for treatment.)

**Tui na (soft tissue mobilization/ manipulation) :**(use of Chinese massage technique called tui na to relax muscle tension on TCM meridians and balance neuro---muscular feedback on TCM meridians.

**Electromagnetic and Thermal Therapies** (includes the use of Acupuncture point stimulation laser, low and high volt electrical muscle stimulation, or moxibustion.)

**Potential Risks:** I understand that there are certain unavoidable risks, potential side effects, and /or complications of these treatments including but not limited to pain (including increased pain), discomfort, swelling, blistering, itching, stinging, bleeding, bruising, infection, scar formation/enlargement, change in skin pigmentation/discoloration, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat and/or frictional therapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from Tui na, (physical medicine modalities); pneumothorax (air on the outside of the lung, numbness, paralysis, nerve injury, dizziness, fainting, temporary or permanent alteration in sensation, debilitating injuries or death, aggravation of pre---existing symptoms and possible need for further treatment.

**Potential benefits:** Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

**Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment.**

**Notice to Pregnant Women:** All female patients must alert the practitioner if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. Sofina Lin Rozich LAc does not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

# INSTILL ACUPUNCTURE

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by any of the above named practitioner regarding cure or improvement of my condition. I acknowledge the treatments may consist of experimental procedures. I understand that the safety record of the Treatments is based only on empirical and anecdotal evidence, which only shows that the treatments appear to be relatively safe. I acknowledge that no guarantees or promises have been made as to the outcome, safety or efficacy of the Treatments. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

**Consent for Correspondence:** I give my permission to the above named practitioner at Instill Acupuncture, to consult with my other health care providers regarding my health and treatment. Those health care providers I have authorized are listed below:  
\_\_\_\_\_ (initial for consent)

Name	Location	Phone

I hereby release the above named practitioner at Instill Acupuncture 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.

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date