

Erin Telford, L.Ac.

Patient Introduction & Informed Consent

Acupuncture is a healing therapy that involves inserting fine needles into specific points along meridians on the body. It can reestablish and unblock the flow of Qi/energy. In addition to the use of needles, the scope of acupuncture includes use of other therapies to stimulate acupuncture points, moxabustion, acupressure, cupping, and/or gua sha and herbal medicine.

Breathwork is a powerful experiential tool and process that allows deep self-exploration, transformation, and healing at all levels of self. Drawing on ancient healing and spiritual practices, Breathwork uses the power of breath, essential oils and music to help you access a non-ordinary state of consciousness. Because this process can bring up intense emotions and strong physical experiences, I understand that issues arising from my participation in Breathwork may require additional therapeutic or supportive interventions.

Reiki is an energetic healing methodology, which involves the laying on of hands. I understand that I will be fully clothed during the session, and experience a series of hand positions on and/or above my body.

All therapies described above have the potential to create both desirable and undesirable effects. Such effects can include the following: allergic reactions/sensitivities/adverse effects to recommendations of natural supplements and adjustments to making lifestyle modifications. Acupuncture side effects may include some pain following treatment in the insertion area, minor bruising, infection, blistering, feeling faint, and broken needle.

If you are pregnant, taking anti---coagulant drugs (ex. Coumadin), have a severe bleeding disorder (hemophilia), have a heart condition, diabetes, circulatory problems, blood clots, cancer/malignancies, bone disorders (osteoporosis/Paget's disease/multiple myeloma), metal implants or a pacemaker, please make this information known to me prior to your treatment.

I have read and understood the information on this consent form.

I hereby request and consent to the performance of acupuncture treatments and other procedures (or on the patient named below for whom I am legally responsible) by the acupuncturist named below.

Date _____/_____/20_____

Name _____

Signature _____

Release of Information

All information provided herein is true and correct. I hereby consent to treatment. I give permission to my provider and staff to release information, verbal and written, contained in my medical record and other related information to related health care providers, assignees, and/or beneficiaries and other related persons. I have read and understand this release.

X _____ Date _____

Payment Policy

Payment of all services rendered is due at the time of service. Your responsibility for the cost of treatment will vary depending on your individual insurance policy. You are responsible for payment of all charges incurred that are not covered by your insurance plan. I have read and understood this policy.

X _____ Date _____

Appointment Cancellation Policy

I understand that 24 hours notice is required when cancelling an appointment. I also understand that the full cost of the visit will be charged if I do not cancel 24 hours prior to the appointment.

X _____ Date _____