

Acorn Acupuncture– Consent to Treatment

Sharonne received her M.S. in Acupuncture from Bastyr University. She is board certified by the National Certification Commission for Acupuncture and Oriental Medicine. The Washington State Department of Health issued her License #AC 61006846 to practice East Asian Medicine.

The scope of practice for an East Asian medicine practitioner in the state of Washington includes the following modalities, some of which I may receive during a treatment with Sharonne:

- Acupuncture, with sterile, single-use acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and channels;
- Stimulation of acupuncture points and channels with electrical, mechanical, or magnetic devices, including but not limited to Qi Gong, sonopuncture, laserpuncture, and aquapuncture (point injection);
- Manual therapies such as Acupressure, Cupping and/or Dermal friction (Gua Sha), East Asian Massage, and Tui Na;
- Application of heat and cold therapies, including but not limited to Infra-red light and moxibustion; and
- Lifestyle recommendations based upon East Asian medical principles including dietary suggestions, herbal/supplement recommendations, breathing/relaxation techniques and exercise.

Acupuncture is extremely safe and precautions are taken in clinic to avoid side effects. Nevertheless, I am aware that a small percentage of acupuncture recipients may experience:

- Temporary exacerbation of existing symptoms,
- Minor bruising or discomfort,
- Light-headedness or weakness,
- And, in even more rare instances, infection, a punctured lung, or broken needles.

Initials

If I am/may be or become *PREGNANT*,
If I have or develop a *BLEEDING DISORDER*, or
If I have or receive a *PACEMAKER*
I WILL INFORM SHARONNE BEFORE TREATMENT

I _____ have been advised of Sharonne’s qualifications, scope of practice, and the risks inherent in acupuncture, given the opportunity to ask questions and receive answers, and informed that I may withdraw my consent and cease participation in any/all of these procedures. With this knowledge, I voluntarily consent to the procedures listed above and release Sharonne O’Shea, L.Ac., and Acorn Acupuncture, from any and all liability which may arise in connection with treatment, except for a failure to perform procedures with appropriate medical care.

Signed

_____/_____/_____
Dated

Sharonne O’Shea, L.Ac.