

Miklos Center for Health and Wellness, LLC

R. David Miklos, DC

4550 Liberty Ave.
Vermilion, Oh 44089
440-967-5545

5 S. Main St.
Oberlin, Oh 44074
440-775-0602

Informed Consent for Acupuncture Treatment

I hereby voluntarily consented to receive acupuncture and oriental medicine treatment for my present and future health condition. I understand that treatment will be administered by **R. David Miklos, D.C.** who is licensed by the state of Ohio to perform acupuncture. The treatments that will be possibly administered are described below. Acupuncture is performed by the insertion of pre-sterilized disposable acupuncture needles through the skin. A treatment may also consist of the application of heat, herbs and/or electrical stimulation to the skin at certain points on the body.

Benefits and Risks

The benefits and risks of receiving acupuncture and oriental medicine treatments have been explained the main. As a result, I understand the following information: Certain side effects, although rare may result from acupuncture. They include but are not limited to:

1. Minor bruising
2. Needle sickness
3. Broken needles
4. Some pain around the point of needle insertion
5. Risk of infection
6. Potential side effects of nutritional supplements and herbs.
7. Dizziness or lightheadedness during or after a treatment.

Acupuncture: This is a safe treatment involving the insertion of tiny sterile and disposable needles through the skin.

Traditional Chinese Herbal Supplements: Chinese herbs have been used safely for centuries. Infrequently, one may experience digestive upsets or other reactions to the herbs. If I experience any discomforts related to the use of the herbs, I understand that I should stop taking the herbs and I am responsible for informing **Dr. Miklos** of my symptoms. Some herbs should not be given during pregnancy and/or breast-feeding.

Heat Treatment with Moxabustion: Moxabustion is a burning of an herb (aka: mugwort) which produces heat. There are many forms of moxa. The herb may be burned on the handle of the needle or wave directly over the skin. There is a small risk of burning directly from the moxa used or by the ash falling from the burning moxa.

Cupping: This involves a localized suction produced by heating a small glass cup. There is a possibility of local bruising from the suction of the cup. Very rarely a slight burn or blister may appear due to the heat.

Gua Sha: Gua Sha is scraping on the skin in a small area using a smooth-edged instrument is often results in redness to the treated area. This redness of the skin which is usually not painful resolves within a 3 to 7 day period of time.

Plum Blossom (7 star needle): Multiple small mild needle pricks are applied in one area. Slight bleeding or redness to the area is likely.

Electro-Acupuncture: A mild electric microcurrent is used to stimulate the acupuncture points. A mild tingling or tapping sensation will be felt.

Patient Sign: X _____

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I understand that no promise or guarantees can be made regarding the outcome of treatment and that reasonable effort will be made to give information to me so that I may make an educated decision regarding the duration and appropriateness of continued care. I do not expect Dr. Miklos to be able to anticipate and explained all risks and complications. I wish to rely on Dr. Miklos to exercise judgment during the course of the procedure, which he feels at the time, based upon facts then known, is in my best interests. My signing below, I acknowledge that:

- I have read, or have read to me, the information on this consent form.
- I understand the possible risks and complications involved. I am had an opportunity to discuss this consent form with Dr. Miklos. I understand that I can request more information at any time if desired.
- I consent to receiving treatment that involves the above procedures.
- I understand that I am a right to refuse or discontinue any treatment at any time. I understand that this refusal may affect the expected results.

Patients Name: _____ Signature: _____

Date: _____

Witness: _____ Date: _____

Before you receive Acupuncture treatment things we need to know:

- Have you ever fainted with needle insertion Y N
- Do you have a pacemaker or any other electrical implant? Y N
- Do you have a bleeding disorder? Y N
- Are you taking aspirin regularly or anti-coagulants? Y N
- Do you have a damaged heart valve or at risk of infection. Y N
- Do you have any topical allergies or allergies to metal? Y N

Patient's Initials: _____