

PRIMAVITA Family Medicine, PLLC
INFORMED CONSENT FOR TREATMENT

I, _____, hereby authorize the practitioners of Primavita Family Medicine, PLLC to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

- **General Evaluation Procedures:** Physical examination such as tongue analysis, pulse taking, height, weight, and temperature.
- **Acupuncture and Traditional Oriental Techniques:**
 - **Acupuncture:** insertion of sterile disposable acupuncture needles through the skin into underlying tissues at specific points on the surface of the body to adjust flow of energy through the meridian systems.
 - **Moxibustion:** indirect or direct burning on an acupoint using a stick or ball of moxa to relieve symptoms.
 - **Cupping:** a technique used to relieve symptoms in which cups made of glass, plastic, or bamboo are placed on the skin with a vacuum created by heat or other device.
 - **Bleeding:** insertion of sterilized needles into acupoints to relieve symptoms.
 - **Gua-Sha:** rubbing on an area of the body with a blunt, round instrument.
 - **Tui-Na:** a form of Chinese massage that consists of lifting and grasping tissues to loosen fascia and increase blood flow.
- **Common diagnostic procedures:** venipuncture, blood and urine lab work, general physical exams, radiography, laboratory, neurological and musculoskeletal assessments, x-ray and other imaging procedures.
- **Minor office procedures:** dressing a wound, ear lavage.
- **Dietary Advice and Therapeutic Nutrition:** The use of foods, diet plans, or nutritional supplements for therapies, which may include intramuscular vitamin injections e.g. Vitamin B12 IM injection.
- **Botanical medicine:** botanical substances may be prescribed as teas, alcohol/glycerin tinctures, capsules, tablets, powders, salves, creams, pastes, plasters, washes or suppositories.
- **Homeopathic medicine and Tissue Salts:** the use of highly dilute quantities of naturally occurring plants, animals and minerals to gently stimulate the body's healing responses.
- **Lifestyle counseling and hygiene:** promotion of wellness through exercise, sleep, stress reduction, work and life balance, and thoughts and behaviors favorable to health and well being.
- **Flower Essences:** the use of flower remedies soaked in water and preserved with minute quantities of alcohol, which can address the psycho-emotional aspect of an individual.
- **Electromagnetic, Hydrotherapy and Thermal Therapies:** Includes the use of ultrasound, low/high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, infrared and ultraviolet therapies, and hot/cold water therapies.
- **Soft Tissue and Osseous Techniques:** the use of bodywork, traction, neuromuscular techniques, muscle manipulation, massage, craniosacral therapy, visceral manipulation, stretching, tui-na and movement of spine and extremities to improve health.

Potential Risks and Benefits

Potential Risks: allergic reactions to prescribed herbs and supplements or possible side effects which may include nausea, gas, stomachache, vomiting, headache, diarrhea, or rashes, side effects of natural medications, inconvenience of lifestyle changes, injury from injections, venipuncture or procedures and an aggravation of pre-existing symptoms. Side effects of acupuncture may include discomfort, pain, bruising, numbness, tingling near the needling sites that may last a few days, and dizziness and fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including pneumothorax (lung puncture). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping.

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.

Notice to Pregnant Women: All female patients must alert the doctor/practitioner if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

I recognize the potential risks and benefits of these procedures as described above, and I understand that I may ask questions regarding my therapy before signing this form. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Primavita Family Medicine, PLLC or any of its personnel regarding cure or improvement of my condition. I do not expect the practitioners at Primavita Family Medicine, PLLC to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the practitioner's judgment during the course of treatment; what the practitioner thinks at the time, based upon the facts presented, is in my best interest. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. 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 myself, or my representative, or unless it is required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature of Patient

Date

Signature of Patient Representative or Guardian

Date