

# Whole Spirit Acupuncture

3440 W. 32nd Ave Denver, CO 80211

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## Informed Consent to Acupuncture Treatment and Care

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

I have had an opportunity to discuss with the acupuncturist named above and/or with other office or clinic personnel the nature and purpose of acupuncture.

I understand and am informed that, as in the practice of medicine, in the practice of acupuncture, there are some risks to treatment, including but not limited to nausea, fainting, bruising, hematoma, a punctured lung, and infection. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and wish to rely on the acupuncturist to exercise judgment during the course of the procedure which the acupuncturist feels at the time, based upon the facts then known, is in my best interest.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below, I agree to the above-named procedures.

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.

To be completed by the patient:

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Print name of patient

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Signature of patient

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Date Signed