



INFORMED CONSENT TO TREATMENT

Scope of Practice

The scope of practice for an acupuncturist and massage practitioner in WA state includes, but is not limited to the following list of techniques:

- Use of acupuncture needles to stimulate acupuncture points and meridians
- Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- Moxibustion
- Acupressure
- Cupping
- Dermal friction (gua sha)
- Infra-red heat therapy
- Sonopuncture
- Laserpuncture
- Chinese theory dietary advice
- Massage therapy and stretching techniques
- Aromatherapy
- Herbal recommendations

I recognize the potential risks and benefits of these procedures as described below:

Potential Risks

Side effects may include, but are not limited to the following: pain following treatment in the insertion area, minor bruising, infection, needle sickness, broken needle, temporary discoloration of the skin, aggravation of symptoms existing prior to the treatment.

Patients with bleeding disorders, pacemakers, seizure disorders, and pregnant women, please notify the practitioner.

Potential Benefits

Drugless relief of presenting symptoms, improved general health, elimination of the presenting problem, reduction of pain and associated symptoms.

With this knowledge, I voluntarily consent to the above procedures, understanding that no guarantees have been given to me by Beth Webber, MSOM, LAc, or Zoe Lotus Healing Arts regarding cure or improvement of my condition. I hereby release Beth Webber, MSOM, LAc and Zoe Lotus Healing Arts from any and all liability, which may occur in connection with the above-mentioned procedures, except failure to perform the procedures with appropriate care. I understand that I am free to withdraw my consent and to discontinue participation in the procedures at any time.

Printed Name: _____ **Date:** _____

Signature: _____