



Consent To Treat

Patient's Name: _____

This is to acknowledge that I have been informed and understand that:

- i) Any treatment or advice provided to me as a patient of Tara L Finley, O.M.D., N.D. is not mutually exclusive from any treatment or advice that I may be receiving now or in the future, from another health care provider.
- ii) I am at liberty to seek or continue medical care from a physician, surgeon, or other health care provider. Dr. Finley also encourages you to maintain established care with your primary care provider.
- iii) The treatment and therapies provided or recommended by this clinic may be different than those usually offered by other licensed health care providers.
- iv) The treatments for cancer are adjunctive and the patient needs to maintain an on-going relationship with a surgeon or an oncologist.
- v) There have been no representations made regarding the likelihood of success of a treatment. Current research will be provided upon request.
- vi) I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Dr. Tara L. Finley.
- vii) I understand the methods of treatment may include, but are not limited to , acupuncture, Moxibustion, cupping, electrical stimulation, tui-na (traditional Chinese Medical Massage), gua sha (Chinese therapeutic scraping), Chinese herbal prescriptions, and nutritional, lifestyle counseling, vitamin, mineral or nutraceutical supplementation.
- viii) I will notify Dr. Finley immediately of any unanticipated or unpleasant effects associated with the consumption of herbs or other products.
- ix) I will keep Dr. Finley informed of any pharmaceutical drug or nutritional supplement, which I am taking, in order to allow proper timing and dosage of Chinese Herbal prescriptions, western herbs or other nutritional supplementation.
- x) I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects including: bruising, numbness or tingling near needling

sites that may last several days, and dizziness or fainting. Bruising is a common side effect of gua sha or cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although Dr. Finley uses sterile, single-use, disposable needles and maintains a clean and safe environment. Burns and/or scarring are a possible risk of Moxibustion and cupping. I understand that while this document describes the major risks of treatment, other risks may be present and other side effects may occur. The herbs and nutritional supplements (which are from plant, mineral and occasionally animal sources) that have been recommended are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in extreme doses. I understand some herbs may be inappropriate in pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue.

- xi) I will notify Dr. Finley if I become pregnant.
- xii) I understand that results are not guaranteed
- xiii) I understand that all records will be kept confidential and will not be released without my written consent.

By signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures. I hereby authorize and consent to treatment and 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 from Dr. Finley.

Patient or Guardian's Signature

Date