

SHEN WISE ACUPUNCTURE, LLC
12557 W. BURLEIGH RD, SUITE 6
BROOKFIELD, WI 53005
D. SUZI STOFFEL, C.A.
CONSENT TO TREATMENT

I, _____, voluntarily consent to receive Acupuncture and/or Chinese Herbal Medicine treatment administered by Shen Wise Acupuncture, whose acupuncturist is Deborah (Suzi) Stoffel. She is certified by the State of Wisconsin Department of Regulation and Licensing. I understand that although trained in basic Western Medical Theory as part of the Acupuncture Degree, the training is predominately in Acupuncture and Oriental Medicine and that there is no claim to be medical doctors.

I understand that any evaluation or examination given me is an energetic assessment of the functioning of the organ system and the energy moving in the acupuncture meridian network and the blood moving throughout the circulatory system. It in no way purports to be, or replaces allopathic (western) medical evaluation, diagnosis, or treatment.

I have provided a full history and description of complaints, which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary. I understand that no guarantee has been made concerning the use and effects of Acupuncture and Chinese Herbal Medicine. I understand that I may stop treatments at any time.

I understand that Acupuncture is the insertion of fine sterile needles through the skin, and/or the application of heat to regulate and balance blood and energy flow, improve organ function and improve health.

I acknowledge that there are three potential responses to care: an improvement of symptoms, healing reactions (an indication of improvement), and/or side effects (undesirable experiences). Although rare, minor side effects may result from Acupuncture. These may include minor bruising, minor bleeding, and some pain at the site of needle insertion. Although extremely rare, allergic responses may occur while using Chinese Herbal Medicine with certain individuals. These events are unusual and of short duration.

I am choosing Acupuncture and/or Chinese Herbal Medicine treatment as an exercise of my right to freedom of choice in the healing arts.

Signature of Patient

Date

Witnessed by Practitioner