

Welcome to the Feeling Better Together, LLC. Tailored Group Acupuncture Clinic

INFORMED CONSENT FOR TAILORED GROUP ACUPUNCTURE

We are providing a free auricular (ear) acupuncture treatment intended to foster greater calm and relaxation to the nervous system. Volunteer Licensed Acupuncturists will insert 5 tiny sterile needles into each of your ears. Then we invite you to close your eyes and relax for 30-45 minutes. If you can only stay for a 10 minute treatment – that’s ok too!

Please turn off your cell phone & speak softly in the treatment room.

Please do not stand or walk with needles in your ear. If you need anything, just raise your hand.

I understand that acupuncture involves the insertion of sterile, single-use, disposable needles through the skin in specific locations. Ear acupuncture is a procedure where needles are inserted at specific points on the outer ear. Ear seeds may be used for children and for those who don’t want needles. Ear seeds don’t puncture the skin, are attached by adhesive and are easy to remove. All needles for these acupuncture treatments are used in accordance with national Clean Needle Technique standards.

I understand this treatment is not intended to replace medical attention, and I understand that I should consult a physician regarding concerns about my medical condition. I have been informed that this is a generally safe method of treatment but may have side effects such as minor bruising or tingling near the insertion point, or occasional dizziness. I will notify the acupuncturist before treatment if I am pregnant, am on blood thinners, have high/low blood pressure, or a history of fainting, diabetes, heart disease, cancer or seizures. I am here voluntarily and with no cost, to receive ear acupuncture for stress relief in a group setting. I further understand that only the acupuncturist administering treatment is responsible for that treatment; and I hereby release all other acupuncturists, and Feeling Better Together, LLC. from any claims related to my treatment.

Virginia law requires that I give this form to you if I do not have written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. (Code of Virginia §54.1-2956.9, 18 VAC 85-110-10). I, Licensed Acupuncturist _____ recommend to you that you be examined by a physician regarding the condition for which you are seeking acupuncture treatment. By signing below you acknowledge that you understand this recommendation.

*** Required Information: This information is used only for your treatment.
It is never shared outside of Feeling Better Together LLC..**

*** Name:** _____ **Are you at least 18 years of age? Yes / No**

*** Phone Number:** _____ **Email:** _____

*** Emergency Contact Name:** _____ **Phone:** _____

*** Please circle all that apply to you:** Silicone Allergy - Latex Allergy - Pregnancy - Tendency to Faint - Seizures - Diabetes / Hypoglycemia - Bleeding Disorder - Hepatitis - HIV / AIDS - MRSA / VRE - Heart Disease - Lung Disease - Kidney Disease - Liver Disease - Panic Attacks - Depression - Cancer - Other: _____

Prescription Medicines: _____

Signature: _____ **Date:** _____

The undersigned represents that he or she is the parent or legal guardian of the minor named above, and represents that he or she has the legal authority to sign this consent and authorize acupuncture treatment.

Parent’s Signature: _____ **Date:** _____

Witness: _____ **Date:** _____