

Bread and Yoga
5000 Broadway A, New York, NY 10034
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I. Patient Advisory to Consult a Physician

Bread and Yoga is committed to your health and well-being. All of us affiliated with Bread and Yoga believe that while Chinese medicine has a great deal to offer as a health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, it is recommended that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment.

To comply with Article 160, Section 8211.1 (b) of NYS Education law, it is requested that you read and sign the following statement:

We, the undersigned, do affirm that _____ (Print Patient Name) has been advised by _____ (Print L.Ac. Name) to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.

Patient Signature

Date

L.Ac. Signature

Date

II. Informed Consent to Receive Acupuncture Treatment

By signing below, I do hereby request and voluntarily consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist named above and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed above or any other office or clinic, whether signatories to this form or not.

I understand that acupuncturists practicing in the state of New York are not primary care providers and that regular primary care by a licensed physician is recommended by this clinic's practitioners. I understand that methods of treatment may include, but are not limited to, acupuncture, Moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling.

Acupuncture: This is a safe treatment involving the insertion of fine sterile, disposable single use needles through the skin. Treatments can occasionally produce a mild but temporary discomfort, usually achiness, tingling or soreness at the acupuncture site. Treatments can also cause slight bleeding and will rarely leave a non-painful bruise at the acupuncture site. Other possible risks from acupuncture include dizziness and fainting. I agree to come to each session having eaten with the past 3 hours and I will report to my Licensed Acupuncturist any dizziness or light-headedness that occurs during or after an acupuncture treatment. Bruising is a common side effect of cupping and guasha. The bruising, which is not painful, usually resolves in 3 – 7 days. Very rarely slight burns and/or blisters are potential risks of moxibustion and cupping. Extremely rare and unusual risks of acupuncture include miscarriage, nerve damage, organ puncture, and infection, although my practitioner uses sterile, disposable needles and maintains a clean and safe environment. These risks have an extremely low incidence, especially when acupuncture is administered by a Licensed Acupuncturist.

Traditional Chinese Herbal medicine treatments: Chinese herbs and nutritional supplements (which are from plant, animal and mineral sources) which may be recommended have been used safely for centuries and are traditionally considered safe, although some may be toxic in large doses. Infrequently, one may experience digestive upset or

other reactions to herbs. I understand that herbs need to be prepared and consumed according to the instructions provided. The herbs may have an unpleasant smell or taste. If I experience any discomforts related to the use of any herbs I am prescribed, I understand that I should stop the herbs and that I am responsible for informing my Licensed Acupuncturist of my symptoms. Some herbs may be inappropriate during pregnancy or breastfeeding. I accept full responsibility to inform my practitioner immediately if I am pregnant or breastfeeding, or if I am attempting or suspecting pregnancy. With all herbal treatment, I agree to follow the prescribed dosage and administration guidelines given to me by my acupuncturist. I will inform my practitioner if I am taking any medications, or if there are any changes in my medications, before any herbal treatment is initiated.

Electro-Acupuncture: A mild electric micro-current similar to a TENS treatment may be used to stimulate the acupuncture points. A mild tingling or tapping sensation will be felt during treatments. Occasionally a mild achiness or soreness will be felt at the areas treated for up to a day after the treatment. I understand that I must inform my practitioner if I am using a pace-maker or have any heart or neurological condition prior to having this treatment.

Acupressure and Tui Na Massage: Acupressure and massage are used to reduce or prevent pain, and to normalize the body's physiological functions. I will inform my Licensed Acupuncturist of any areas of injury or extreme discomfort, as well as any areas where I have had surgery, prior to any massage. I understand that there may be muscle soreness or achiness as well as the possible aggravation of symptoms existing prior to the treatment during or after massage.

I do not expect my Licensed Acupuncturist to be able to anticipate and explain all possible risks and complications of my treatment, and I wish to rely on my practitioner to exercise judgment during the course of my treatment which my practitioner thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

I understand that my Licensed Acupuncturist, the clinical and administrative staff may review my patient records and lab reports, but all of my records will be kept confidential and will not be released to any party without my written consent.

By voluntarily 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, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present conditions and for any future condition(s) for which I seek treatment.

Patients who are pregnant, have a pacemaker or heart condition, have a seizure disorder, or those with a bleeding disorder or taking blood thinners should discuss this with the acupuncturist before proceeding with acupuncture.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

I have read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Signature: _____

Date: _____

Print Name: _____