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CONSENT FOR ORIENTAL MEDICINE

Scope of Practice

The "scope of practice" for an acupuncturist in the state of Washington 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 technique (gua sha)
- Infra-red
- Sonopuncture
- Laserpuncture
- Dietary advice based on traditional Chinese medical theory
- Point injection therapy (aquapuncture)

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 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, or women who are currently pregnant, 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, realizing that no guarantees have been given to me by Chris Huson regarding cure or improvement of my condition. I hereby release Chris Huson from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate care.

I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Signature of Patient or Guardian _____

Date _____