I, the undersigned, understand that the methods of treatment used here at New Life 360 Wellness Studio may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, massage, herbal medicine, Qi Gong, energy modalities, hypnotherapy, functional medicine and nutritional/lifestyle couching/guidance.

I understand that acupuncture, microneedling, moxibustion, electrical stimulation, cupping and pricking are all safe methods of treatment. Potential risk include temporary bruising, swelling, bleeding, numbness and tingling and soreness at the needle site that may last a few days. Unusual risk of acupuncture including dizziness, fainting or nerve damage. Infection is possible, although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment. Potential risk of moxibustion health therapy are burns, blistering, or scarring. Temporary bruising or redness lasting a few days is a common side effect of cupping and gua sha/spooning. I fully understand that, just as with any other medical procedure, there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

I will notify the practitioner should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points and herbs that could induce miscarriage. Otherwise, treatment with Chinese medicine can be very beneficial in the pregnancy and birthing process.

I understand that herbal and nutritional supplements recommended to me by my practitioner are safe in the recommended doses. Large doses of herbs taken without my practitioner’s recommendation may be toxic, and some herbs are inappropriate during pregnancy. Some possible side effects of herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must stop taking any herbs and notify my practitioner as soon as I experience any discomfort or adverse reactions.

I understand that my practitioner may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, I will sign a release of records documents. New Life 360 Wellness Studio follows HIPPA compliance.

I understand that I can discuss risks and benefits with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risk and complications of treatment. I rely on the practitioner to exercise her/his judgement in my best interest and during the course of treatment, based upon the facts then known.

I understand that scheduling scheduling an appointment involves the reservation of time specifically for me, and that consequently, a minimum of 24 hours notice is required to reschedule or cancel an appointment. Unless otherwise agreed to in advance, the full fee will be charged for session(s) missed without such advanced notification.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred, or carried out at this practice.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_