

consent to treat

I, , hereby authorize Leah Karpelson, Lic. Ac., of **Point and Balance, LLC** to administer any style of Oriental Medicine relevant to my diagnosis and treatment, with the exception of the following (please check any boxes for which you **DO NOT** give consent):

- Insertion of various styles and sizes of needles into my body at various depths and locations.
- Heat treatments using heat lamps. With any type of heat, there is always some risk of a burn.
- A massage technique called *gua sha*. This treatment leaves redness on the skin that can last for 1-5 days. Slight bruising and tenderness may persist after the treatment.
- Cupping may be used to promote circulation of *Qi* (energy) through the meridians. Cups may produce a red/purple color on the area treated, which can last for 1-5 days.
- Electrical stimulation of the needles may be used, which produces a vibration or tapping sensation in the vicinity of the insertion point.
- Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians. Small lancets are inserted into the skin and a small amount of blood is expressed from the puncture.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication, and I understand that no guarantee can be made concerning the results of treatment.

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Signature Print name Date