



L.Ac., M.Ac.O.M.

Debra Joan Wood

JAPANESE & CHINESE ACUPUNCTURE
CHINESE HERBAL MEDICINE

Acknowledgment of Informed Consent and Authorization

I acknowledge that I, the undersigned, voluntarily participate in the treatment of Acupuncture at the office of Debra Wood, L.Ac., M.Ac.O.M. I am aware that there are other centers and private practices that offer Acupuncture treatment that may enhance my overall health as it pertains to reproduction. I have freely chosen to receive treatment from Debra Wood, LAc, MAcOM with full knowledge of the risks and benefits associated with the treatment of Acupuncture. By participating in the Acupuncture treatment, I accept responsibilities, conditions and risks involved that are set out in the medical history form and as explained by Debra Wood, LAc, MAcOM and/or another licensed Acupuncturist and/or employee who now or in the future treats me while employed by, working or associated with or serving as a back-up for the said Acupuncturist, including those working at this office. _____initials

I acknowledge that no statistics and success rates have been discussed or guaranteed in reference to the treatment of fertility via Acupuncture. I further acknowledge that Acupuncture is but one modality in the treatment of fertility, that the process can be very stressful, anxiety and disappointment may occur, that significant commitment of time and finances are required and in the event that the treatment does not result in a successful and viable pregnancy I indemnify and hold harmless Debra Wood, LAc, MAcOM, and all associates from and against any and all claims, damages, suits and judgments, losses or costs relating to services rendered at the office of Debra Wood, LAc, MAcOM, located at 66 Union Square, Suite 204, Somerville, MA 02143. _____initials

By signing this document, I acknowledge that I have had the opportunity to discuss with Debra Wood, Lic Ac, MAcOM and/or with other clinic personnel the risks, benefits and scope of Acupuncture treatments and procedures. Acupuncture attempts to normalize physiological functions, to modify the perception of pain and to treat certain diseases of dysfunction in the body. I have been informed that Acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been very rare instances reported of fainting, infection and scarring. There have been extremely rare cases of spontaneous miscarriage and pnueemothorax. There may be some bruising after cupping. Furthermore, I acknowledge that the discussion with my Acupuncturist provided sufficient information to allow me to make an informed decision whether or not to proceed with treatment. I have read this document, understand the purpose, risks and benefits of Acupuncture treatment, and have been given the opportunity to ask questions, which have been answered to my satisfaction. _____initials

I do not expect Debra Wood, Lic Ac, MAcOM to be able to anticipate and explain all risks and complications. I wish to rely on Debra Wood, Lic Ac, MAcOM to exercise judgment during the course of the procedure which the said practitioner feels, at the time, based on the facts then known, is in my best interests. _____initials

I acknowledge that I have read or have had read to me the above consent form. By signing below, I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment:

Signature of Patient

Printed name

Date Signed

Date of Birth

Are you pregnant? Yes No Maybe

To be completed by the patient's representative, if necessary, e.g. if the patient is minor or physically or legally incapacitated:

Patient's Name

Patient's Representative

Relationship of Authority

Date