

Janet Waterfield

Licensed Acupuncture Physician

7288 Bedlington Road, Miami Lakes, FL 33014

786 457-4325 voicemail

**Acupuncture & Chinese Herbal therapy
Informed Consent Form**

I, _____ the undersigned, hereby voluntarily consent to participate in Acupuncture treatment. I fully understand that Acupuncture and Chinese herbal therapy are not treatment or substitutes for medical emergencies.

I understand that I will undergo treatment of Acupuncture and Chinese herbs. I am aware that Acupuncture means the insertion of disposable filiform needles into the body. These needles will remain in my body for approximately 20 to 30 minutes.

I have been informed that Acupuncture may be contraindicated under the following conditions: after three months of pregnancy, during a period of extreme emotional stress, when exhausted, weak or famished. I further understand that if Acupuncture is performed under the conditions mentioned above, dizziness, fainting, nausea or other reactions may occur.

I have read and understood the above statements and I release Janet Waterfield from any and all claims incurred by me as a result of treatment. I voluntarily consent and choose to have Acupuncture and Chinese herbal therapy.

I am in good health with the following exceptions:

Date _____

Patient's name _____

Patient's signature _____