

Balanced Care Clinic

E-309 Commissioners Rd. W.
 London, ON N6J 1Y4
 519-630-1654

Patient Informed Consent to Treatment**Kira Benoot, R.Ac**

Acupuncturist
 (Reg. # 6771)
 519-809-1015

What is Acupuncture?

Acupuncture is an Alternative Chinese Medicine that looks at the body as a whole system and uses fine needles to insert into a formula of points based on your health condition to balance the body's energy (Qi) and therefore returning it to homeostasis to encourage natural self-healing. The body's energy circulates under the skin and muscles in lines called meridians/channels, once this flow of energy is blocked or disrupted there can be physical, emotional, and mental symptoms associated. It also includes **laser acupuncture** (use of infrared lasers to stimulate points) or **electroacupuncture** (use of a microcurrent on needles to further stimulate points) and **acupressure** (massaging points, see below).

What is Auricular Therapy including Ear Seeds?

Auricular Therapy is a form of Acupuncture which is based off the idea that the ear is a micro system, like reflexology, which reflects the entire body on the interior and exterior of the ear. Physical, emotional, or mental ailments can be treatable with the stimulation of points on the ear, through acupuncture or through the application of Ear Seeds, to naturally heal the body in the same way acupuncture does. **Ear Seeds** are latex-free small squares of kinesiology tape with a small Vaccaria plant seed on the adhesive side. This ear seed is meant to apply acupressure to the points to promote physical, emotional, and mental well-being as a form of at home care.

	HOW WE MINIMIZE THE RISKS:
There should be limited risks when receiving acupuncture and auricular acupuncture, although the risks may include:	
Slight/ minor bleeding, bruising or soreness at insertion site	a clean, dry cotton ball is pressed to the area after the removal of the needle to reduce bleeding and bruising
puncturing organ, abdominal cavity, and/or the lung (pneumothorax)	your practitioner is trained to avoid causing injuries and punctures to organs, abdominal cavities and lungs
possible pregnancy complications, or fetal distress, possible miscarriage, excessive bleeding with bleeding disorders or those taking blood thinners, pacemaker interference (with the use of electro-acupuncture)	let your acupuncturist know you are pregnant, have a pacemaker or are taking any blood-thinning medications as these can change the outcome of your treatment. If you are pregnant there are a series of points the acupuncturist will avoid using to prevent complications, without these points acupuncture is relatively safe.
health complications with unsterilized needles	Our needles are fully sterilized prior to insertion, and after one use of a needle it is disposed of into a hazardous waste bin for needles. Your acupuncturist is trained on providing Safe Needle Technique. The interior ear is never touched to avoid infection.
breaking or bending of the needle with body movement when needle is retained	The acupuncturist will give strict instructions on insertion of some needles when it is unsafe to move.
soreness or bruising with insertion of the needles	It is common for needles to cause a bit of discomfort in some areas when the muscles are tight we ensure gentle insertion of needles and ear seeds to the points on the exterior portion of the ear, however some discomfort and tenderness is common as the ears are incredibly sensitive. Communication with the practitioner minimizes this.
Fatigue	Eat 2 hours prior to the treatment , let your practitioner know if you were tired.

What is Tui Na?

Tui Na is an ancient Chinese massage, that is based off the theory that imbalances of Qi and Blood can cause imbalances that lead to symptoms such as pain and illness. Tui Na massage uses acupressure points and meridians to move blockages of Qi to help alleviate pain and improve circulation in the meridians.

What is acupressure?

Acupressure combines tui na and acupuncture to massage points along meridians to get the same effect as acupuncture, just with your hands or tools used by the practitioner.

What is Cupping?

Cupping Therapy is an alternative medicine in which a therapist puts silicone cups onto the patients' skin for a few minutes creating suction, increasing blood circulation to inflamed and sore muscles, loosen up the skin and fascia from the muscles and is a very gentle and relaxing therapy. Cupping helps treat muscular issues involving pain, inflammation, promoting natural well-being, and is used as a type of deep tissue massage.

What is Gua Sha?

Gua Sha, also called skin scraping, where the practitioner uses lotion and a smooth-edged tool to scrape your skin gently, while pressing down slightly in long, downward strokes. This creates a red rash-like dots on the skin called petechiae. Gua Sha is used to move Qi and Blood in the meridians that led to chronic pain, by bringing stagnant blood, lactic acid, and toxins to the surface to encourage fresh blood to nourish the area calming inflammation and alleviating the pain. This is a treatment most common for the neck, back, arms, and legs.

Possible risks or side effects with acupressure or Tui Na:	HOW WE REDUCE THE RISK:
slight bruising, tenderness, or soreness during or after a session	let your practitioner know if you experienced bruising, tenderness, or soreness after treatment, or if pressure or suction was too much during treatment
those with higher risks: prone to fractures, vein inflammation, open wounds, ankylosing spondylitis.	Let your practitioner know as soon as possible if you have these conditions
Changes in condition after treatment	Let your practitioner know if there were any changes in your condition
mild discomfort, slight bruising, or circular shaped skin bruising or aggravate bleeding conditions if taking medications	let the practitioner know of discomfort and medications. Bruises are common , not sore to the touch like regular bruises and go away within a few days to about a week.
Fatigue, headaches, nausea	move slowly, bring a water bottle or a juice box with you if you are worried about nausea or headaches. Let your practitioner know if you are experiencing these.
Worsening skin conditions/ infections	Tools are cleansed and sterilized properly before and after treatments, skin abrasions or other skin issues are not touched during treatment.
Avoid if had surgery in past 6 weeks	Since this is an aggressive treatment, best to allow body to heal itself

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Patient Informed Consent to Treatment

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519-809-1015

I, _____ consent to have KIRA BENOOT, R.AC (Practitioner) perform the
(Name of patient or the substitute decision-maker (SDM) listed below)

following treatment* on me:

- Acupuncture (needles, electro, &/or laser)
- Auricular Therapy (Ear acupuncture &/or Ear seeds)
- Acupressure with Tui Na
- Cupping
- Gua Sha (skin scrapping)
- Dietary and Exercise recommendations specific to my condition
- Other: _____

I acknowledge that KIRA BENOOT, R.AC (Practitioner) has explained the following to me:

- the nature of the treatment, as set out above
- the material risks of the treatment
- the material side effects of the treatment
- the alternatives to having the treatment
- the likely consequences of not having the treatment

I hereby request consent to the performance of acupuncture and other procedures related to acupuncture, as necessary, including cupping, gua sha, Tui Na, and/or electroacupuncture by the above-named practitioner or another authorized practitioner in the clinic.

I understand that I am informed of the benefits and the risks of acupuncture treatment listed above, such as, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs and stuck or bent needles.

I have been advised that only pre-sterilized needles will be used. All acupuncture needles are properly disposed of after each treatment, and that one needle is never used repeatedly on the body.

I acknowledge that my practitioner cannot guarantee the results of the proposed treatment. I do not expect my practitioner to be able to anticipate and explain all possible risks and complications. I wish to rely on the practitioner to exercise judgement during the course of the treatment which the practitioner feels at the time, based upon facts then known, is my best interests, I understand that the results are not guaranteed.

I acknowledge that I have informed my practitioner about my relevant health history, including whether I have any allergies, metal implants, if I suffer from any type of major bleeding disorder, if I use a pacemaker, or if I have any infectious viruses or diseases.

I understand that my consent is voluntary, and I have the right to withdraw my consent to the treatment at any time.

I understand that the fees charged for my treatment are not covered under OHIP and must be covered in full by myself or through third party insurance. I am responsible for the full and prompt payment after services have been rendered. I acknowledge that my practitioner has explained the fees to me.

I acknowledge that I have read and discussed the content of this consent form with my practitioner. I acknowledge that I have asked any questions I may have and received answers to understand, and by signing below I agree to the above-mentioned acupuncture procedures.

I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment.

N.B Female Patients:

I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I hereby state that I am not pregnant, nor there is any possibility that I may be pregnant. If, however, I am pregnant I agree to the terms stated above, the risks, side effects of treatment and feel comfortable pursuing acupuncture as a treatment.

Signature of Patient/SDM: _____ **Date** _____

By signing this form, I acknowledge that I have reviewed the form with the patient (or substitute decision-maker) and have answered the patient's (or substitute decision-maker's) questions.

Practitioner's Signature: _____ **Date** _____