



BOULDER FAMILY ACUPUNCTURE
Monica Edlauer, MSOM, LAc.

2955 Valmont St, Ste. 100,
Boulder, CO 80301
(303) 859-7556

Informed Consent for Treatment

I, the undersigned, hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of Oriental medicine on me (or on the patient named below, for whom I am legally responsible) by my acupuncturist, Monica Edlauer, MSOM, LAc., and/or other licensed acupuncturists who now or in the future treat me while employed by, working with, or serving as replacement for my acupuncturist named above whether signatories to this form or not.

I have been informed that acupuncture is a safe method of treatment, but that there are some risks to treatment, including but not limited to some bruising of the skin and/or slight bleeding, soreness, tingling, nerve damage/inflammation, fatigue, fainting, rashes, infection, and/or perforation of the lungs or other organs. If moxibustion or heat therapies are used there is a risk of burn and/or scarring. I understand that some herbs may be inappropriate during pregnancy. If I suspect that I am pregnant, I will immediately inform the acupuncturist. If I experience gastro-intestinal upset or allergic reactions to herbs, I will inform the acupuncturist.

I have discussed the nature and purpose of my treatment with the acupuncturist named above and/or with other office or clinic personnel. I understand that there are no guarantees regarding cure or improvement of my condition.

I understand that there may be limitations to the care provided and that in my best interest I may be referred to another acupuncture practitioner or other healthcare provider who may be more qualified to treat me outside of these facilities. I understand that the acupuncturist is not providing Western (allopathic) medical care, and that I should look to a Western physician (i.e. MD) for those services and for routine check-ups.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment which the acupuncturist judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time.

I hereby release Monica Edlauer, MSOM, LAc. from all liability which may occur in connection with the above mentioned procedures, except for that which is stipulated by Colorado statute.

I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to all terms and conditions stipulated by this document. I intend this consent form to cover the entire course of treatment for my condition and for any future condition(s) for which I seek treatment.

Signature of Patient (or Person authorized to consent) Print Name of Patient (or Patient's Representative) Date

Signature of Witness