

Lotus Center LLC
410 Ramapo Valley Road
Oakland, NJ 07436
201 - 337 - 0220

CONSENT TO TREATMENT FORM

By signing below, I do hereby voluntarily consent to the performance of procedures which are within the scope of the practice of Traditional Chinese Medicine and massage therapy, including, but not limited to, treatments on me (or on the patient named below, for whom I am legally responsible) by Andrena Bonte, L. Ac. and/or other licensed clinicians who now or in the future treat me while employed by, working or associated with, or serving as back-up for, the licensed clinician working at the Lotus Center, LLC.

Acupuncture/Moxabustion: I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological function. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and I am free to stop acupuncture at any time.

Chinese Herbs: I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception and to normalize the body's physiological function. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems, which I associate with these substances, I should suspend taking them and call the Lotus Center as soon as possible.*

Acupressure/Tui-Na Massage: I understand that I may also be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological function. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

I understand that there may be other methods of treatment such as cupping, moxabustion, gua sha, and nutritional counseling.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Patient Signature: _____ Date: _____ Printed Name: _____