



Samantha Hodges, MS, CMT, L.Ac
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I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below for whom I am legally responsible) by Samantha Hodges, MS, CMT, L.Ac..

Initials: _____

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of treatment is to prevent or reduce pain and to help your body function better. Some risks to acupuncture treatment include: bruising, numbness or tingling near the needling sites that may last a few days, dizziness or fainting, and aggravation of pre-existing symptoms. Risk of infection is minimal as the clinic uses sterile disposable industry-standard needles and maintains a clean and safe environment. Needles are not re-used even at different areas of the body and are not left in the body. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage or organ puncture, including lung puncture (pneumothorax). I understand that methods of treatment may include, but are not limited to, acupuncture, acupressure, and nutritional counseling. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

Initials: _____

Personal Best Acupuncture and Massage does not provide primary care nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. We encourage you to inform your doctor(s) of your decision to receive acupuncture. I understand that I have been advised of the importance of seeing a physician in regards to any medical condition I might have. Initials: If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medications like Coumadin, you can still be treated but you must inform us of your condition.

Initials: _____

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture, and have had an opportunity to ask questions. 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.

Patient Name (please print)

Date

Patient Signature (Or Patient Representative; Indicate relationship if signing for
