

CONSENT FOR TREATMENT

General Information: Dr. Koukouras is a licensed health care provider who integrates a number of therapeutic modalities in her practice to address your health concerns. Due to the diversity of therapeutic modalities that she offers, your time with her may include none, any or all of the following general modalities: Acupuncture and Oriental Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, and Nutritional Counseling.

Methods, Procedures and Therapeutic Approaches: She may perform any of the following procedures as necessary to determine approaches to otherwise address your health concerns.

General Diagnostic Procedures (including but not limited to tongue and pulse diagnosis)

Psychological Counseling; Lifestyle Counseling; Exercise Recommendations

Acupuncture: (insertion of special sterilized needles at specific points on the body)

Topical Applications and Prepping (includes cupping—a technique using glass cups on the surface of the skin with usually a heat created vacuum; and Gua Sha—rubbing on an area of the body with a blunt, round instrument)

Herbs/Natural Medicines (recommendations of various therapeutic substance including plants, minerals and animal materials.

Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical cremes, pastes, plasters washes; or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.)

Dietary Advice and Therapeutic Nutrition (use of foods, diet plans or nutritional supplements.)

Soft Tissue Manipulation (use of tui na—Chinese body work, muscle energy stretching or craniosacral therapy)

Electromagnetic and Thermal Therapies (includes the use of transcutaneous electrical stimulation, TDP lamp—far-infrared heating device, or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.)

Potential Risks: Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; allergic reactions to recommended herbs or supplements; soft tissue injury from physical manipulations; and aggravation of pre-existing symptoms.

Potential benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving any therapeutic procedure.

Notice to Pregnant Women: All female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. We do not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I am requesting and hereby authorize services offered to me by Dr. Koukouras including physical examination, specialized tests and treatment deemed appropriate by my provider. As a patient, I am to be fully informed of benefits and possible complications, as well as alternatives to the proposed treatment, including no treatment

I understand that I am responsible for all fees at the time of service, regardless of insurance coverage or treatment outcome.

I recognize that Dr. Koukouras is a licensed naturopathic doctor of Washington and that she has been trained to act on my behalf as a primary care general practice physician and that she is also a licensed Acupuncturist of Washington state.

I understand that I may ask questions regarding my care before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Koukouras or personnel regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

I confirm that I have read and fully understand the above prior to my signing.

Signature of Patient (Parent or Guardian if patient is a minor)

Date

ACUPUNCTURE INFORMED CONSENT TO TREAT

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 Katy Koukouras,

ND, LAc and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

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 other procedures, 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

Signature of Patient (Parent or Guardian if patient is a minor)

Date