



## More Than Just Adjustments

515 Hamilton Street  
Geneva, IL 60134  
Phone: 630.232.7611

### Acupuncture Policy

I have provided a full history and description of the complaints and health status which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary. I understand that no guarantee has been made concerning the use and effects of acupuncture. I understand that in some cases, symptoms may relapse or intensify temporarily during the course of treatment before relief is sustained. I understand that I may stop treatment at any time. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

I understand that it is a technique using small, sterile, stainless steel needles inserted at specific points in the body, causing a positive response in order to correct various ailments. Only disposable needles are used. The location and the application of the needles and the depth of the needle insertion is determined by the nature of the problem. I understand that the application of these needles may be accompanied by a brief painful sensation, and that there is a slight possibility of minor swelling, bleeding, discoloration of the skin, hematoma, a bruise at the site of needling, or fainting. Momentary euphoria or light headedness may occur after treatment. The attending acupuncturist can easily handle any immediately reported problems that arise from the acupuncture treatment, and the possibility of minor problems need not be a cause of concern. Some very rare risks of acupuncture include pneumothorax and infection. Rarely, acupuncture may cause a temporary increase of symptoms or new symptoms may present. I understand that Partner in Health physicians cannot be expected to anticipate and explain all risks and complications. I understand and agree that my physician will exercise judgment during the course of treatment which they feel at the time, based on the facts known then, is in the best interest of me as the patient.

Contraindications for acupuncture treatment include a history of a bleeding disorder or current anticoagulant therapy, and implanted pacemaker or prosthetic heart valve, and/or use of certain medications. Pregnancy is contraindicated only for specific acupuncture points.

Potential benefits of treatment include but are not limited to: restoration of health and the body's maximum functional capacity without the use of drugs or surgery; relief of pain and symptoms of disease; assistance in injury and disease recovery; and prevention of disease or its progression.

### **Patient Authorization and Consent for Treatment**

I hereby state that I have read and understand this form, that I have been given an opportunity to ask questions, and that all questions have been answered in a satisfactory manner: and I understand that I am free to withdraw my consent to treatment at any time, and that this consent will remain in effect until such a time that I make known that I choose to terminate it. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

Partner in Health Physician Name: Dr. Courtney Drendel, DC

Patient Name \_\_\_\_\_

Signature of Patient \_\_\_\_\_ (or person authorized to consent)  
Date \_\_\_\_\_

### CONSENT TO TREAT A MINOR CHILD

I authorize, Partner in Health, to treat \_\_\_\_\_ (name) who is my  
\_\_\_\_\_ (relationship)

Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_