

Kara Romanko, DAOM, L.Ac.,
Informed Consent to Treat

I, the undersigned, hereby request and consent to receive acupuncture treatments and other procedures within the scope of the practice of acupuncture by Kara Romanko, L.Ac. I understand the methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na, Qi-Gong, 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 be unpleasant in taste and/or smell. I will immediately notify Kara Romanko, L.Ac. of any unanticipated or unpleasant side effects associated with the consumption of said herbs.

I understand that acupuncture and the other treatment modalities listed above are generally safe methods of treatments, but may have some side effects including bruising, swelling, bleeding, numbness, soreness or tingling near the needling sites that may last a few days, and dizziness or fainting. 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. Burns and/or scarring are a potential risk of moxibustion and cupping. Temporary bruising or redness lasting a few days is a common side effect of cupping and Gua Sha or spooning. I understand that while this document describes the major risks or treatment other side effect 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 Kara Romanko, L.Ac. if I experience any of these, or if I am or become pregnant.

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

I understand that Kara Romanko, L.Ac. and any 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.

I authorize Kara Romanko, L.Ac., to review my records for the purpose of collecting pertinent clinical information for the purpose of education, case review and case reports. I give my permission and consent to the publication of my clinical data obtained from my records. I understand that all patient records are protected by clinical protocols and confidentiality agreements. I also understand that I will never be identified as the source of the this information and that if any particulars of my case are used for the purposed of publication all possible blues to my identity will be disguised or altered. I understand that there is the remote possibility of being accidentally identified as the source of the clinical data but that the way this information is handled makes the risk very small.

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(s) and for any future condition(s) for which I seek treatment.

Patient Signature (or patient representative)

Date