

SUPERIOR BEING ACUPUNCTURE & WELLNESS
KRISTINA POLZIN L.AC., DIPL. O.M.
1730 E SUPERIOR STREET, SUITE 2
DULUTH, MN 55812
(218)461-8611

CONSENT TO TREATMENT

I understand that the treatment I receive at Superior Being Acupuncture & Wellness is performed by a professional licensed acupuncturist.

I have been informed that the policies and procedures at Superior Being Acupuncture & Wellness meet standards for ensuring the stability set by the Centers for Disease Control and Prevention and conform to the guidelines for Clean Needle Technique established for the acupuncturist by the National Commission for the Certification of Acupuncturist and Oriental Medicine.

I understand acupuncturists do not make Western medical (biomedical) diagnosis and that it is my responsibility to seek such diagnosis elsewhere if I have not already done so.

I hereby authorize Superior Being Acupuncture & Wellness to perform, diagnosis and treat according to the professional standards of Oriental Medicine and their own professional judgement. This authority shall extend to remedying any unforeseen conditions or reactions to treatment procedures. I understand that my treatment at Superior Being Acupuncture & Wellness may include a variety of Oriental Medical modalities, such as acupuncture, moxibustion, herbal therapies, cupping, electrical stimulation, magnet, therapy, dermal friction (guasha), acupressure, dietary counseling, breathing techniques and exercises based on Oriental Medical principles.

I understand that there are possible unforeseen risks attendant to the performance of the procedures of Oriental Medicine. I have been informed that possible side effects of Oriental Medical Treatment are rare and may include, but not limited to, transient bruising, bleeding, skin irritation, mild pain in the treated area, muscle weakness and soreness, brief generalized fatigue or nausea, temporary worsening of some symptoms and risk of infections. Herbal remedies may have side effects including, but not limited to, gastrointestinal disturbance. Moxibustion can cause burns.

I understand that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so that I may make an educated decision regarding duration and appropriateness of continuing care at Superior Being Acupuncture & Wellness. All of my questions have been answered to my satisfaction.

I understand and agree that I am financially responsible for all services. I understand that all fees are payable at the time that services are received. I understand that I must give at least 24 hour notice of canceling a scheduled appointment. I understand and agree to pay the full fee if I cancel without giving a 24 hour notice and/or no show for the scheduled appointment.

Client Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

