

MAGIC MOON HEALING ARTS
COURTNEY LOMONTE L.AC
Consent to Treatment Form

By signing below, I do hereby voluntarily consent to be treated with Acupuncture and/or Shiatsu massage & Reiki by a licensed acupuncturist, Courtney LoMonte L.Ac. I understand that acupuncturists practicing in the state of North Carolina are not primary care providers and that primary care by a licensed physician is recommended by Courtney LoMonte L.Ac.

Acupuncture: I understand that acupuncture is performed by the insertion of needles through the skin at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, nerve damage, organ puncture, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Acupressure/Shiatsu: I understand that I may also be given acupressure/shiatsu massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

Gua Sha: Gua Sha is light scraping on the skin in a small area using a smooth-edged jade tool or ceramic spoon with salve. I understand this can result in bruising of the treated area. The bruising, which is not painful, usually resolves in 1-3 days. I understand that I may stop the treatment if it is too uncomfortable.

Reiki: I understand that Reiki is a simple, gentle, hands on energy technique that is used for stress reduction and relaxation that promotes healing. I understand that Reiki can complement any medical or psychological care I may be receiving.

I understand that the body has the ability to heal itself and to do so complete relaxation is often beneficial. I acknowledge long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

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

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Signature: _____ **Date:** _____

Printed Name: _____

I agree to make payment in full at the time of service unless prior arrangements have been made. Initials _____

Missed Appointments. If you miss your appointment or cancel with less than 12 hours notice, you will be charged for the appointment (\$50) unless and emergency or illness. Initials _____