



EAST MEETS WEST HEALTHCARE



ORIENTAL MEDICINE AND PHYSICAL THERAPY BY REBECCA HAWKINS DPT, L.AC, ATC

INFORMED CONSENT TO HEALTHCARE

I hereby request and consent to the performance of acupuncture and physical therapy and other procedures within the scope of practice of acupuncture and physical therapy on me (or on the patient named below, for whom I am legally responsible) by Rebecca Hawkins PT, L.Ac.

I understand that although acupuncture and other oriental medical procedures as well as physical therapy have helped millions of people, no guarantee for cure or improvement in my condition is given or implied.

I realize that acupuncture may be considered as an investigative procedure in the United States. I understand and have been informed that there are some possible risks to treatment, including but not limited to bleeding, bruising, pneumothorax (puncture of the lung) and burns. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications during the course of treatment. I wish to rely on the acupuncturist to exercise judgment during the course of the treatment which the acupuncturist feels at the time, based upon the facts then known, is in my best interest.

I have read, or have had read to me, the above consent. I also have had an opportunity to ask questions about its content, and by signing below, I agree to the above named procedures. 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.

The following is to be completed by the patient or by the patient's representative, if necessary (e.g. if the patient is a minor or physically or legally incapacitated).

Print name of patient

Print name of patient's representative

Signature of patient

Signature of patient's representative

Date signed

Relationship of patient's representative