

Enlighten Holistic Medicine Treatment Consent Form

Consent:

I, _____, consent to be treated by Kelly Mullen Desierto, licensed acupuncturist. I understand that by consenting to acupuncture treatments, I consent to acupuncture and/or accessory techniques such as moxibustion, cupping, gua sha, tui na, or herbal therapies. I understand that I may deny permission of these accessory treatments at any time. I understand that no guarantee is made that symptoms will improve or that any specific illness will be cured. I understand that, as with any healing modality, there are risks involved. The most common side effects of acupuncture are bleeding, bruising, soreness of muscles, dizziness, fainting, or the resurfacing of emotional or physical wounds that may be temporarily uncomfortable. Generally, these occur as a natural healing mechanism in order for the body to release them and dissipate in subsequent sessions. I understand that risk of infection is very low since Kelly follows Clean Needle Technique and uses single use, pre-sterilized needles. I understand that Kelly Desierto is NOT a licensed counselor or therapist and that professional therapy should be sought should serious psychological issues emerge. I also understand that Kelly Desierto is not a licensed western physician and that Kelly Desierto may refer you to a western physician should your physical symptoms indicate it. I understand that it is my responsibility to update Kelly Desierto of any changes to my health status or medications.

Signature _____ Date _____

Signature of guardian (if patient is under 18):

_____ Date _____

Cancellation policy:

Enlighten Holistic Medicine, LLC requests that any cancellations be made no later than one day before an appointment either via email, phone or text. Same day cancellations may be subject to a charge of half of the amount of the appointment, due at next visit.

Please sign that you have read and understand the cancellation policy:

Signature _____ Date _____