



*Harmony Acupuncture and Sound Healing*

321 Ninth St. – Leavenworth  
and  
304 Grant Road – East Wenatchee

## *Patient Consent Form*

### **Information for Patients of Acupuncture and Oriental Medicine**

Greg W. Shannon is a licensed acupuncturist in the State of Washington, License Number AC0659, dated August 9, 2000. He received his Master of Acupuncture degree from *Northwest Institute of Acupuncture & Oriental Medicine* in June of 2000. His didactic and clinical training was completed between 1997 and 2000.

Washington law **requires that each patient be informed** regarding the scope of practice in which a licensed acupuncturist is allowed to engage, which includes, but is not limited to the following techniques:

- Use of acupuncture needles to stimulate acupuncture points and meridians;
- Use of electrical, mechanical or magnetic devices to stimulate points & meridians;
- Moxibustion;
- Acupressure;
- Cupping;
- Dermal friction techniques (Gua Sha);
- Infra-red or far infra-red (heat lamps);
- Sonopuncture (sound stimulation);
- Laserpuncture;
- Dietary advice based on Traditional Chinese medical theory; and
- Point injection therapy (aquapuncture).

Oriental Medicine procedures have been shown to be relatively safe. However, side effects may occur in a small percentage of patients and may include:

- Discomfort during and after the insertion of the needle;
- Some pain following treatment in the insertion area;
- Localized, minor bruising or swelling;
- Needle sickness, dizziness, fainting or other “needle sickness”;
- Minor burns with the usage of some types of moxa;
- Gastro-intestinal upset with the use of patented herbs (If this should occur, please notify your acupuncturist so your formula can be modified);
- Broken needle (rare with use of disposable needles);
- Possible, temporary aggravation of symptoms that existed prior to treatment;
- Infection (rare with use of disposable needles).

**IF YOU HAVE A SEVERE BLEEDING DISORDER OR HAVE A PACEMAKER, YOU SHOULD MAKE THAT INFORMATION KNOWN TO YOUR ACUPUNCTURIST PRIOR TO TREATMENT.**

**IF YOU ARE PREGNANT OR THINK THAT YOU MAY BE PREGANT, MAKE THAT INFORMATION KNOWN TO YOUR ACUPUNCTURIST PRIOR TO TREATMENT.**

I have read and understood the above information and consent to the performance of acupuncture and other Oriental Medicine procedures.

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Signature

\_\_\_\_\_  
Date