



# HOPKINS CLINIC FOR PHYSICAL MEDICINE

*Providing Urgent Care Medical Treatment  
and Physical Therapy Rehabilitation Services*



## ACUPUNCTURE CONSENT FORM

“Acupuncture” means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning Artemisia alone or Artemisia formulations).

The potential risks: slight pain or discomfort at the site of needle insertion, infection (rare), bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment.

The potential benefits: acupuncture may allow for the painless relief of one’s symptoms without the need for drugs, and improve balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

**Use of Disposable Needles:** To reduce the possibility of infection from acupuncture, all needles are pre-sterilized, one-time-use needles made of surgical stainless steel needles. After each treatment they are disposed of as medical waste, needles are never reused. Additionally, Dr. Hopkins and Dr. Mitchell have had training in and follow the procedures of Clean Needle Technique and Universal Precautions.

I understand that Dr. Hopkins or Dr. Mitchell has recommended acupuncture treatment for me in the capacity of a pain mediator to reduce my symptoms. No cure or promises regarding my reaction to the treatment have been made or implied.

I request and consent to the performance of the acupuncture procedure. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature in this form indicates that I have read and understand the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask my doctor. I, hereby release Dr. Hopkins, Dr. Mitchell and Hopkins Clinic from any and all liability that may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care.

“With this knowledge, I voluntarily consent to the above procedures.”

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date