



## Dr. Suzanne Tang, N.D., L.Ac.

*Naturopathic Doctor and Licensed Acupuncturist*

### Consent – Wellness

I \_\_\_\_\_, consent and agree to the Treatment and Supplements recommended for me by Dr. Tang from the following choices:

- General Diagnostic Procedures – including but not limited to venipuncture, radiography, blood, saliva, hair, and urine labwork, general physical exams, neurological and musculoskeletal assessments, tongue and pulse assessment.
- Lifestyle Counseling; Exercise Prescriptions.
- Herbs/Natural Medicines/Bio-Identical Hormones – prescription of various therapeutic substances including plants, minerals, natural hormones, and animal materials. Substances may be given in the form of tea, pills, powders, essences, essential oils, tinctures (may contain alcohol), topical creams, pastes, plasters, washes, suppositories or other forms. Homeopathic remedies- often highly dilute quantities of naturally occurring substances may also be used.
- Dietary Advice and Therapeutic Nutrition – use of foods, diet plans, nutritional supplements, intramuscular vitamin injections, cell salts or dilute quantities of minerals for treatments.
- Soft Tissue Therapy – use of massage, traction, neuro-muscular techniques, craniosacral therapy, tui na, and acupressure.
- Electromagnetic/Thermal Therapies – includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous stimulation, microcurrent stimulation, diathermy, infrared and ultraviolet therapies, and hydrotherapies.
- Acupuncture – insertion of specialized sterile needles through the skin into underlying tissues at specific points on the surface of the body.
- Cupping – a technique used to relieve symptoms in which cups made of glass, plastic, or bamboo are placed on the skin with a vacuum created by heat or other device.
- Gua Sha – rubbing on an area of the body with a blunt, round instrument.
- Moxa – indirect or direct burning on acupoints using a stick or ball of moxa or dried herbs to relieve symptoms.

Potential benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progress. Results cannot be guaranteed 100%.

Potential risks: fainting, dizziness, discomfort, pain, infection, discoloration, or burns from needle insertions, cupping, moxa, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapy; drug/herb interaction side effects, allergic reactions, nausea, loose bowel movements, and abdominal cramping from prescribed herbs or supplements or dietary advice; and soft tissue or bone injury from soft tissue therapy; and aggravation of pre-existing symptoms.

Adjunctive Care: Dr. Tang solely provides adjunctive care and is not available after business hours. If you experience an adverse reaction to any recommended supplements or treatment, please immediately contact her during business hours. If Dr. Tang cannot be reached, please discontinue the supplements and leave a voicemail for her. You will be contacted on the next working day. If you are experiencing an acute condition, severe, adverse reaction, or emergency situation, please either contact your primary care physician or call 911 immediately. You are expected to have a primary care medical physician follow your care at all times. Dr. Tang and her associates are not responsible for any hospital coverage, after hour, weekend, or general medical care you may seek.

#### History:

- Completely fill the Wellness History Form.
- Alert Dr. Tang if you suspect or know that you are pregnant since some of the therapies could present a risk to pregnancy. Dr. Tang does not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.
- Alert Dr. Tang if you have a cardiac pacemaker since electro-therapies are contraindicated in this case.

I understand the Benefits, Risks, Limitations, and Precautions described herein. I will abide by all instructions and precautions in order to achieve optimal results. I take full responsibility for my health during treatments and hold Dr. Tang and her associates free from any legal actions. The maximum damages in case of any valid dispute will be the refund of my treatment fees. I voluntarily consent to the recommended treatment and/or supplements realizing that no guarantees have been given to me by Dr. Tang regarding the cure or improvement of my condition. I have read the above information and have had all my questions answered to my satisfaction.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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