AcuHealth Holistic Arts
366 South Main Street
Cheshire, CT 06410
203.439.7060

Consent Form

I, _______________________________, voluntarily consent to receive Acupuncture administered by Christopher M. Gaunya M.Ac., who is licensed by the State of Connecticut and is certified by the National Certification Commission of Acupuncture and Oriental Medicine to practice Acupuncture. I understand his training is in Acupuncture and Oriental Medicine and that he is not, nor claims to be, a medical doctor.

I understand that the evaluation given me is an energetic assessment of the functioning of any organs and the Qi moving in the Acupuncture Meridian Network; it in no way purports to be, or replaces allopathic (western) medical evaluation, diagnosis, or treatment.

I have provided a full history and description of complaints that is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary. I understand that no guarantee has been made concerning the use and effects of Acupuncture and Chinese Herbal Medicine. I understand that I may stop treatments at any time.

I understand that Acupuncture is the insertion of fine sterile needles, with or without the addition of electrical stimulation, through the skin, and/or the application of heat to regulate and balance Qi (energy), improve organ function and improve health.

I acknowledge that, although rare, certain side effects may result from Acupuncture, heat therapy and Chinese Herbal Medicine. These may include minor bruising, minor bleeding, some pain at the site of needle insertion, infection, needle sickness (dizziness or fainting), or broken needles.

These events are unusual and of short duration. Rare but potential side effects of heat therapy include heat discomfort or burning. Side effects of Chinese Herbal Medicines are rare but may include allergic reactions. Strong cleansing responses to Acupuncture and Chinese Herbal Medicine may also occur. Potential effects will be addressed.

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Signature of Patient Date