



*Tamsen Staniford L.Ac.*  
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## Treatment Consent Form

I, \_\_\_\_\_, hereby authorize Tamsen Staniford, L.Ac. to administer any style of Oriental Medicine relevant to my diagnosis and treatment.

Initials

\_\_\_\_\_ These Oriental Medicine modalities include those related to Traditional Chinese Medicine, Meridian Therapy, and Reiki. Acupressure, moxibustion, cupping, gua sha, tui na massage, heat or TVP lamps, electro-stimulation, etc... being examples.

\_\_\_\_\_ I understand that any modality performed will be explained to me beforehand, including effects and any safety concerns.

\_\_\_\_\_ I understand that there have been incidents reported of damage to body structures, such as skin, internal organs, nerves, etc...; but that these are uncommon and every safety measure is taken to prevent such occurrences.

\_\_\_\_\_ I understand that I am encouraged to ask questions and be an active participant in my treatment.

\_\_\_\_\_ I understand that any recommendations given to regarding nutrition, supplements and/or lifestyle changes are made with the intention to promote health and wellbeing, but are only recommendations.

\_\_\_\_\_ I have a right to refuse any form of treatment. I also understand that no guarantee can be made concerning the results of the treatment.

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

Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_