



PERSONAL BALANCE ACUPUNCTURE SERVICES

1615 Winchester Ave, Suite C

Martinsburg, WV 25405

304-901-2858

Consent To Acupuncture and/or Reiki Treatment

I, _____, do hereby consent to ___ acupuncture or ___ Reiki treatment by practitioner, Sharon Miller, M.Ac. of Personal Balance Acupuncture Services including but not limited to acupuncture needling therapies (the insertion of special sterilized needles or lancets at specific points or areas on the body); cupping (a technique using glass or plastic cups on the surface of the skin with a heat-created or suction created vacuum); gua sha (rubbing on an area of the body with a blunt, round instrument); moxibustion (warming or indirect burning of mugwort on or near an acupuncture point); dermarolling (using a small roller with microneedles on the skin); and/or Reiki (laying on of hands in an effort to free body energy).

Potential Risks: I understand that, while not common, side effects can potentially occur from acupuncturist treatment. Some examples include, but are not limited to: pain, discomfort, local bruising, slight bleeding, fainting, headaches, burns, and temporary aggravation of symptoms existing prior to treatment. Less common side effects include: spontaneous miscarriage, infection, nerve damage and organ puncture, including lung puncture (pneumothorax).

Signature of Client

Date