

**Ballard Acupuncture Center**  
**2224 NW 56th Street - Seattle, WA 98107 - (206) 491 7746**  
**Consent Form for Acupuncture**

I, the undersigned hereby authorize Avigail Cohen, L.Ac. to perform the following specific procedures:

Acupuncture procedures involving insertion of special sterilized needles through the skin into the underlying tissues at specific points on the surface of the body, as well as other techniques as specifically described in the Washington State law for Licenced Acupuncturists such as moxibustion, cupping, plum blossom, gua sha, electroacupuncture and Tuina.

I recognize the potential risk and benefits of these procedures include reactions as described below:

**Potential risks**

Discomfort at the site of insertion of the needle, infections, pain, bruises, weakness, fainting, nausea, and even aggravation of symptoms existing prior to the acupuncture treatment.

**Potential benefits**

Painless and drugless relief of my presenting symptoms and improved balance of energy, which may lead to prevention or elimination of the presenting problem.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Avigail Cohen, L.Ac. regarding a cure or improvement of my condition.

I hereby release Avigail Cohen, L.Ac. from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I am fully aware that the clinic allows a specific amount of time for my treatment and that if I arrive late my treatment will be adjusted to fit into that time schedule. I also understand that, except in emergencies, I must give 24 hours notice of intent to cancel or reschedule my appointment. Late arrivals and appointments missed without proper notice will be billed at the current rates.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Or

Signature of person authorized to consent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_