

## INFORMED CONSENT FOR CONSTITUTIONAL FACIAL ACUPUNCTURE TREATMENT

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This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture treatments, the risk involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

A facial acupuncture treatment involves the insertions of needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flows throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic".

It involves the patient in an organic, gradual process, that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift". A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of complexion, and flesh out sunken areas. Customarily, fine wrinkles may disappear, and deeper ones be reduced. This treatment is not merely to the face, but incorporates the entire body and constitutional issues of health.

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an facial acupuncture treatment. An individual's choice to undergo an facial acupuncture treatment is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss them with your acupuncturist to make sure you understand the risk, potential complications, and consequences of an facial acupuncture treatment.

Bleeding - it is possible, though very unusual, that you may have problems with bleeding during facial acupuncture. Should post-acupuncture bleeding occur, it will usually consist of a few drops. Accumulation of blood under the skin may cause a bruise, or a hematoma, which will resolve itself.

Infection - Infection is very unusual after facial acupuncture. Should an infection occur, additional treatment, including antibiotics, may be necessary.

Asymmetry - the human face is normally asymmetrical. Thus, there can be a variation from one side to the other in result attained from a facial acupuncture treatment.

Bruising and puffiness - there is a possibility of bruising (hematomas), puffiness, blood, tingling, warmth, pain or other sensations at the site of needle insertion.

Nerve injury - injury to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feelings. Such injuries may improve over time. Nerve injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

Unsatisfactory results - there is a possibility of a poor result from facial acupuncture. You may be disappointed with the results.

Delayed healing - delayed wound healing or wound disruption are a rare complication experienced by patients in

the aftermath of facial acupuncture. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that one of non-smokers.

Long term effects - subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to facial acupuncture. It does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the result of an facial acupuncture treatment.

Health insurance - most health insurance companies exclude coverage for facial acupuncture and/or any complications that might occur from it. Please carefully review your health insurance subscriber information pamphlet.

Additional care necessary - there are many variable conditions in addition to risk and potential complications that may influence the long term result from facial acupuncture treatments. Even though risks and complications occur infrequently, the risk cited are the ones that are particularly associated with a facial acupuncture treatment. Other complications and risks can occur, but are even more uncommon. Should complication occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there are no guarantee or warranty, either expressed or implied, on the results that may be obtained.

Disclaimer - Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The inform consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture.

I hereby request and consent to the performance of facial acupuncture and other Oriental Medicine procedures on me by C. Sabine M. Heuchert O'Mahony, L.Ac.

I understand that my signature on this form indicates that I have read the above Inform Consent, and understand that if I have any questions about this information, I should ask the practitioner.

Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(relation to patient if not self or patient representative)

Office Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sabine Heuchert O'Mahony L.Ac