CONSENT FORM FOR TCM and other Treatments

I, the undersigned, hereby authorize Wendy Mintiero EAMP, to perform the following specific procedures:

Acupuncture: the insertion of special sterilized needles through the skin into underlying tissues at specific points on the body.

Cupping: a technique to relieve symptoms in which cups made of glass are placed on the skin with a vacuum created by heat or other device.

GuaSha: rubbing on an area of the body with a blunt, round instrument.

Moxa: indirect or direct burning on an acupuncture point using stick, string, or ball moxa to relieve symptoms.

Herbs: patent herbal formulas in pill form, medicinal topical liniments or plasters, homeopathic internal remedies, flower essences.

Acutonics: use of sound tools--tuning forks, singing bowls, bells, didgeridoo--on or over acupuncture points and in the body's energy field.

Craniosacral therapy: use of light touch to palpate restrictions in the body's tissues and facilitate their release.

I recognize the potential risks and benefits of these procedures as described below:

Potential risks: discomfort, pain, infection or blistering at site of procedure; temporary discoloration of skin; nausea, loose bowel movements; abdominal cramping; aggravation of symptoms existing prior to the treatment.

Potential benefits: drugless relief of presenting symptoms and improved balance of bodily energies, which may lead to prevention or elimination of the presenting problem, and strengthening the constitution.

Cancellation Policy: I am aware that sessions are scheduled for 45, 60 or 90 minutes, and that time is being held expressly for me. I agree to give my practitioner 24 hours notice BY PHONE (not email) if I have to cancel or reschedule an appointment. If I cancel with less than 24 hours notice or miss an appointment, a $100 fee will be charged directly to me for that session.

With this knowledge, I voluntarily consent to the above procedures.

I hereby release Wendy Mintiero EAMP from any liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care.

I understand I am free to withdraw my consent and to discontinue participation in these procedures at any time.

_____	_____
Signature of client or guardian	Date