



### Consent for Acupuncture Treatment

With Stacy Rae, L.Ac.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, an adult over the age of 18, hereby consent to receive acupuncture treatment from Stacy Rae, Licensed Acupuncturist.

I am fully aware that the acupuncture needles are sterile and disposable and that no needle used in my treatment has ever been used on another person.

I fully understand that there are no stated guarantees of success or effectiveness of a specific treatment or series of treatments.

I understand that complications may result from acupuncture treatments. Among these possible complications are areas of numbness, nausea, infection, pain and discomfort.

I understand that acupuncture and Chinese medicine is meant to be an adjunct to standard Western medical treatments. Certain health disorders may require allopathic diagnosis and treatment.

I fully realize that I have the right to withdraw from my treatment at any time.

I understand and agree to hold harmless, to indemnify against court action, Stacy Rae, as well as the management of Heights Performance, in the event of accidental injury on these premises.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian:

I, the parent of the above named minor, hereby consent to all of the above terms and conditions and hereby give permission for the above named to undergo acupuncture treatments.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



**Disclosure Statement**

All rules and regulations set forth by the Department of Health are strictly adhered to by this clinic, including proper cleaning and sterilization of equipment and office.

The practice of acupuncture is regulated by the Department of Regulatory Agencies at 1560 Broadway, Suite 1340 Denver, CO 80202 and can be reached at 303-894-7851. Patients are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known. Patients may seek a second opinion and may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the director of the Division of Registrations in the Department of Regulations Agencies.

This practitioner’s training and experience may include recommendation and application of adjunctive therapies and herbs as defined by traditional oriental medical concepts.

**Education**

Master of Science 1998-2002  
Four Year Degree  
Southwest Acupuncture College  
Boulder, Colorado  
  
Bachelor of Science, Kinesiology May 1992  
University of Colorado  
Boulder, Colorado

**Certifications, Licenses and Registration**

Certified Athletic Trainer 1992-2006  
National Athletic Trainers Association  
  
Clean Needle Technique August, 1998  
Council of Colleges of Acupuncture and Oriental  
Medicine  
  
Diplomat in Acupuncture 2002-Present  
National Commission for the Certification of Acupuncture and  
Oriental Medicine

**Professional Organizations**

Acupuncture Association of Colorado  
American Association of Oriental Medicine  
National Acupuncturist Alliance

Licensed Acupuncturist #843 August 2002  
Colorado Department of Regulatory Agencies

**Fee Schedule**

Initial Visit and Exam \$90

Regular Follow up appointments \$70

I have read and understand the above and agree to the terms and conditions of this client disclosure form

Signature \_\_\_\_\_ Date \_\_\_\_\_