



Julie Flynn, ND · Organic Health Institute · Gilbert, AZ 85297

Acupuncture Treatment Consent Form

I _____ understand I will be receiving acupuncture to treat my health condition. I understand that seeing an acupuncturist does not replace going to my primary care doctor. I understand if I am referred for acupuncture by my primary care doctor it is my responsibility to follow-up with him or her as needed and/or recommended by the primary care doctor. I understand that acupuncture treatments are not recognized as part of primary health care in the states of Arizona, Kentucky, and Indiana.

I understand that Dr. Flynn is a board-certified Naturopathic physician, licensed by the State of Arizona Naturopathic Physicians Medical Board.

I understand there are potential benefits of acupuncture treatments that include drugless relief of my symptoms and an overall improved state of health. I understand that there are potential risks of acupuncture, including local bruising or discomfort, as well as potential for infection at the site of the needle insertion.

In addition, I understand that it may be recommended that I take Chinese herbs to help with my health condition. I understand Chinese herbal formulas are not regulated in the state of Kentucky or Indiana, and that, as with any supplement, herb, or drug, under rare circumstances some people may experience certain side effects from taking Chinese herbs.

In signing this document I am stating that I understand the above information, and I voluntarily consent to receive acupuncture treatments and Chinese herbs.

Signature of patient or person
authorized to provide
consent: _____

Date: _____