

Linda Robinson-Hidas
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Linda Robinson-Hidas is a Licensed Acupuncturist in the State of Massachusetts and a diplomat with the National Certification Commission for Acupuncture and Oriental Medicine in Oriental Medicine including Acupuncture and Chinese Herbs and Massage.

Informed consent for Treatment

I, _____, hereby authorize Linda Robinson-Hidas to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

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

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

Moxabustion/Moxa: the burning of an herb or herb based material either on or above the skin.

Gua Sha, a rubbing technique, **Tui Na:** a traditional Chinese massage technique and other **Massage** used to treat a wide variety of disorders.

Infra-red Heat: a heat lamp may be applied over specific parts of the body to warm the area.

Electro-Acupuncture: a device which applies microcurrent stimulation to selected Acupuncture points.

Dietary Advice: based on the traditional Chinese Medical Theory.

Herbs: may be given in the form of pills, powders, tinctures, pastes, plasters, or other forms such as raw herbs to be cooked as a decoction. Herbal formulas may include shell, mineral, and animal materials as well as plant materials.

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

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

Potential benefits: the objective of treatment is obtain relief of current symptoms and correct the underlying causes. Balancing the bodily energies may also lead to prevention of future health problems and strengthen the body's natural defenses.

Additionally, I will inform Linda Robinson-Hidas if I have any history of seizures, bleeding disorder, cardiac pacemaker, or am ever pregnant during treatment. With this knowledge, I voluntarily consent to the above procedures realizing that no guarantee has been given regarding cure or improvement in my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Signature

Date

Guardian/Interpreter

Date