



**Donald Londorf MD PC**  
**Inner Sage Healing Arts Center LLC**  
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### **INFORMED CONSENT FORM**

I, \_\_\_\_\_ (client or legal representative name) hereby request and consent to the performance of acupuncture and/or other treatment forms or procedures within the scope of practice of Donald Londorf, MD, L.Ac. on \_\_\_\_\_ (client name or person for whom I am legally responsible).

I understand that the methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, guasha (skin rubbing), electrical stimulation, qigong, herbal medicine and nutritional therapies.

I have been informed that acupuncture is a generally safe treatment method, but that it may have some complications, such as bruising, bleeding, numbness or tingling near the needling site that may last a few days, dizziness and fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is also a possible complication, although sterile disposable needles are used in a clean and safe environment. Bruising is also a common side effect of cupping and guasha. Burns and scarring are potential problems with moxibustion and cupping. I understand that the herbs may at times have an unpleasant smell or taste, and that some may need to be prepared according to verbal or written instructions. I will notify Dr. Londorf immediately if I should experience any unanticipated or unpleasant side effects associated with the consumption of herbs or other methods of treatment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs, which are from plant, mineral and animal sources, which have been recommended, are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. Some possible side effects of taking herbs are nausea, gas, abdominal pain, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that some herbs may be inappropriate during pregnancy. I will notify Dr. Londorf if I am or become pregnant.

I do not expect Dr. Londorf to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on Dr. Londorf to exercise judgment during the course of treatment which Dr. Londorf thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand that all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consents to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Date _____
X _____ Client Signature or Legal Representative (Indicate relationship if signing for client)

Date _____
X _____ Office Signature