

Acknowledgment of COVID-19

As you are probably aware, Coronavirus COVID-19 is a highly contagious virus that is spread from direct contact with any object and is also transmissible through the air from an infected person. By leaving your house you may have already been in contact with this contagious disease.

The COVID-19 virus is easily spread and can cause permanent lung problems and even death.

High Risk patients are recommended to stay at home at this time; however there are daily activities that are essential to your health and wellbeing. We highly recommend high risk patients avoid leaving your home unless necessary.

Healthcare services that may be essential for your health. At this time, we are committing our services to treat patients in pain and have taken extra precautions to minimize the spread of COVID-19.

Feel free to ask for a copy of our Safety Procedure Guidelines which we can email you.
The best general guidance will continue to come from the Centers for Disease Control and Prevention, and the World Health Organization.

WARNING SIGNS / SYMPTOMS OF COVID-19

- FEVER
- COUGH
- TIREDNESS
- DIFFICULTY BREATHING

HIGH RISK PATIENTS

- OVER 60 YEARS OLD
- DIABETIC
- HEART DISEASE
- HIGH BLOOD PRESSURE
- ASTHMA & OTHER PULMONARY CONDITIONS
- UNDERGOING CHEMOTHERAPY
- IMMUNOCOMPROMISED

By signing this form, I acknowledge that I may contract COVID-19 anywhere including this office and all the healthcare providers and staff harmless for any health-related conditions that may come from Coronavirus COVID-19.

Patient Name (PRINT): _____ **Signature:** _____ **Date:** _____

Guest Name (PRINT): _____ **Signature:** _____ **Date:** _____

Witness Name (PRINT): _____ **Signature:** _____ **Date:** _____

Consent to Treatment

I, _____, hereby authorize Yoko Kajiwara Chun to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.
2. Heat treatments using *Arthemisa vulgaris* (moxibustion, "moxa") or a conventional heat lamp may be placed on or near any part of my body. For indirect moxibustion treatments, the moxa is placed on the head of needle or on top of a barrier (such as a slice of ginger or salt) which rests on the skin. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from moxa treatments may involve slight discomfort or leave a small blister or scar on the skin. With any type of heat, there is a risk of burn.
3. A massage technique called "Gua Sha" may produce redness on the skin which remains for 1-5 days. A slight bruising and tenderness may persist following the treatment.
4. Cupping may be used to promote the circulation of Qi (energy) through the meridians. Cups produce a red/purple color on the area cupped which may remain for 1-5 days.
5. Electrical stimulation of the needles may be used which produces a vibration/ tapping sensation on the needles. Ion pumping cords may be attached to the needles.
6. Bloodletting , alone or in conjunction with cupping , may be used to improve the circulation in specific meridians. Lancets are inserted into the skin and small amounts of blood are expressed from puncture.

I have been informed that I have a right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and was given an opportunity to ask questions pertaining to my treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment.

Signature of patient: _____

Printed name of the patient: _____