

# Sage Massage & Acupuncture

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## Informed Consent for Acupuncture Treatment

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

In Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize M. Sage Bradley, Licensed Acupuncturist at Sage Massage & Acupuncture, to perform the following specific procedures as necessary to facilitate my diagnosis and treatment. Most conditions require an average of 6-12 treatments, although some will respond within 4-6 treatments and others may require a longer series – this depends the severity and the chronic nature of the chief complaint.

- **Acupuncture:** Near painless insertion of specific sterilized single use disposable needles through the skin into underlying tissues to 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 to promote circulation of qi.
- **Gua Sha:** The therapeutic rubbing on an area of the body with a blunt, round instrument used to promote circulation of qi through the meridians that may cause red/purple discoloration lasting 1-5 days.
- **Herbs:** May be given to take internally or externally as a wash. Herbal formulas may include shell, mineral, and animal materials.
- **Moxa:** Indirect burning of *Artemisia Vulgaris* ("moxa") on an acupoint using stick, string, adhesive or ball moxa to relieve symptoms. The heat generated from moxa treatments may involve a slight discomfort or leave a blister or scar on the skin.
- **Tuina:** An ancient massage used to treat a wide variety of common disharmonies.
- **Soft tissue and Osseous Manipulation:** Use of massage or neuro-muscular techniques to promote circulation.
- **Dietary Advice:** Based on traditional Chinese Medical Theory.
- **Electromagnetic and Thermal Therapies** (Including E-stim, infrared and ultraviolet therapies, and hydrotherapies)

With this knowledge, I voluntarily consent to the above procedures, realizing that Sage Massage & Acupuncture regarding cure or improvement of my condition has given no guarantees to me. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or myself or if it is required or permitted by applicable law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last treatment. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that Sage Massage & Acupuncture to the best of his/her ability will answer any questions I have.

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Representative's Authority