

JODIE COLE, LAC PC
D/B/A DIX HILLS FAMILY ACUPUNCTURE
CONSENT FOR COSMETIC ACUPUNCTURE

PLEASE READ THIS DOCUMENT CAREFULLY AND COMPLETELY. INITIAL EACH PAGE INDICATING THAT YOU HAVE READ THE PAGE. YOUR SIGNATURE ON THE LAST PAGE INDICATES THAT YOU HAVE READ THE DOCUMENT, HAD YOUR QUESTIONS ANSWERED, UNDERSTAND THE EXPECTATIONS AND RISKS ASSOCIATED WITH COSMETIC ACUPUNCTURE, AND CONSENT TO TREATMENT.

This is an informed consent that explains the expectations and risks associated with the Mei Zen Cosmetic Acupuncture System. Please be advised that this treatment is not a surgical procedure.

The purpose of Cosmetic Acupuncture is to create a younger and more vibrant appearance. A Cosmetic Acupuncture treatment involves the insertion of acupuncture needles to the face, neck and body in order to reduce the visible signs of aging. According to the theory of Traditional Chinese Medicine there are meridians or pathways of Qi (energy) that flow throughout the entire body. Therefore, it is possible for Cosmetic Acupuncture to address the energy of the entire body making it not merely a “cosmetic” treatment. Your complexion reflects the result of the state of Qi (energy) in your entire body.

As with all Traditional Chinese Medicine treatments, like acupuncture, the Mei Zen Cosmetic Acupuncture System involves the patient in a gradual, healthful process that I, Jodie Cole, MS L.Ac, customize for each individual. Your treatments may include other modalities in conjunction with the acupuncture and will be explained if they are required for your care. The Mei Zen Cosmetic Acupuncture System is in no way analogous or a substitute for a surgical facelift.

In receiving cosmetic facial acupuncture, you may experience some of the following changes:

- Improved muscle tone
- Decreased puffiness around the eyes
- Firmness of sagging skin
- Elimination or reduction of fine wrinkles
- Even of skin tone and improved luster of complexion

Alternative Treatments

Treatment for sagging of the skin of the jaw and neck, wrinkles, excess skin above and below the eyes, and excess puffiness under the eyes may be corrected by various methods including, but not limited to, surgical facelift, chemical peels, liposuction, injections, surgical threading and laser treatments. Risks and potential complications including death, severe scarring, nerve damage, sloughing of skin, lumpiness, swelling, allergic reaction, and permanent discoloration are associated with these alternative forms of treatment. _____ (initial)

RISKS OF COSMETIC ACUPUNCTURE

In undertaking any procedure, it is important that you understand the risks involved with receiving the Mei Zen Cosmetic Acupuncture System. Although most patients who receive this technique do not experience complications, the potential side-effects or risks are listed below:

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A. BLEEDING AND BRUISING – As with acupuncture in general, when a needle is removed some minor bleeding may occur. This is normal and will usually not leave a bruise. Occasionally, a bruise or hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising. If swelling persists call me immediately. _____ (initial)

B. INFECTION – Infection at the needle site is very rare after an acupuncture treatment because the needles are sterile. If you suspect infection at the needling site (i.e. redness, swelling or warm to touch), call me immediately. Additional treatment or referral to your M.D. may be necessary. _____ (initial)

C. DAMAGE TO DEEPER STRUCTURES – In certain systems, deeper structures such as blood vessels, nerves and muscles may be damaged. This type of damage rarely occurs during a treatment using the Mei Zen Cosmetic Acupuncture System. If this type of damage does occur the injury may be temporary or permanent. _____ (initial)

D. ASYMMETRY – All facial structures are naturally asymmetrical. Results may vary from side to side due to the natural asymmetry, previous injuries to one side of the body, or severity of symptoms from one side to the other. _____ (initial)

E. NERVE INJURY – Injury to the motor or sensory nerves very rarely results from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to the sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is extremely rare. _____ (initial)

F. NEEDLE SHOCK – Needle shock is a rare complication that can happen during any acupuncture treatment. If you feel faint or shaky at any time during your treatment, please let me know immediately. _____ (initial)

G. ALLERGIC REACTION – In rare cases, local allergies to topical preparations have been reported. Systemic reactions that are more serious may occur due to herbs used during an acupuncture treatment. Skin testing is done prior to application of any herbal preparations. Allergic reactions may require additional treatment or discontinuation of treatment. _____ (initial)

H. DELAYED HEALING – Delayed healing is a rare complication. Smoking and certain health conditions such as diabetes, chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks. _____ (initial)

I. UNSATISFACTORY RESULTS – It is important to understand that you are not having a surgical procedure. The alternatives, risks and comparisons of surgical procedures versus acupuncture have been discussed and outlined in this document. Please discuss any additional questions and concerns with me before treatment begins. _____ (initial)

LONG TERM EFFECTS:

Following your cosmetic acupuncture treatments, changes in facial appearance may occur as a result of the normal process of aging, weight loss or gain, sun exposure, stress, illness or other circumstances not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the cosmetic acupuncture treatment, while non-compliance will adversely affect the longevity of the cosmetic acupuncture treatment. Additional, future treatments may be necessary to maintain the results. _____ (initial)

HEALTH INSURANCE:

As with most cosmetic procedures, most health insurance does not cover the cost of the procedure or complications resulting from the procedure. Please contact your insurance if you have any questions about coverage. _____ (initial)

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EXPECTATIONS AND GUARANTEE:

It has been explained that Cosmetic Acupuncture is not a surgical procedure. My questions regarding the longevity of results and expected changes in my facial appearance have been answered. Although good results are expected, there is no guarantee or warranty either expressed or implied on the results that may be obtained. _____ (initial)

FINANCIAL RESPONSIBILITIES:

The fee of _____ for Cosmetic Acupuncture includes:

- Skin care product application before and after Mei Zen Cosmetic Acupuncture protocol
- Mei Zen Cosmetic Acupuncture protocol (needling).
- Lifestyle, skin care and dietary recommendations to enhance the results of the treatment.

The practitioner does not accept and is not willing to file claims to any health insurance for Mei Zen Cosmetic Acupuncture. _____ (initial)

DISCLAIMER:

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered all inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. I may provide you with additional information that is based on the facts in your particular case and the present state of knowledge within the field of acupuncture. _____(initial)

Patient signature _____

Date _____

Practitioner signature _____

CONSENT FOR COSMETIC ACUPUNCTURE TREATMENT:

I, _____ understand that there are several styles of facial, cosmetic or rejuvenation acupuncture and have been informed that Jodie Cole, MS L.Ac. practices the Mei Zen Cosmetic Acupuncture System.

I recognize that during the course of cosmetic acupuncture treatments, unforeseen conditions may necessitate different procedures than those listed above. I therefore authorize the above acupuncturist and assistants to perform such other procedures required in his or her professional judgment and within his or her scope of practice. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is undertaken.

I hereby authorize Jodie Cole, MS L.Ac. and her assistants to perform the Mei Zen Cosmetic Acupuncture System.

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I acknowledge that the following are contraindicated for facial acupuncture and that they do not apply to me.

1. Frequent migraine headaches (at least one every 3 months)
2. Uncontrolled high blood pressure (does not apply if you have high blood pressure controlled with medication and are under the care of your primary care physician)
3. Seizure disorders
4. Problems with bruising or bleeding (anticoagulation therapy)
5. Pregnancy

I acknowledge that the following are contraindicated for abdominal acupuncture and that they do not apply to me.

1. Uterine cysts/fibroids
2. Problems with bruising or bleeding (anticoagulation therapy)
3. Pacemaker placement
4. Pregnancy

My signature below indicates that:

1. It has been explained to me in a way that I understand that there are:
 - a) risks involved with the procedure.
 - b) that I have alternatives available to me for cosmetic improvement.
 - c) how the treatment or exposure involved with the protocol will be undertaken.
2. Jodie Cole, MS L.Ac. has addressed my questions and expectations.
3. I acknowledge that no guarantee has been given to me by anyone as to the results that may be obtained.

Patient signature _____ Date _____

Print Name _____