



Tracey Burde, M.S., M.Ac.
Classical Acupuncture

Voluntary Consent Form

I voluntarily consent to be treated with acupuncture by Tracey Burde, a licensed acupuncturist in the states of Maryland and Virginia.

I understand that acupuncture is performed by the insertion of needles through the skin, or by application of heat to the skin, or by both, at certain points of or near the surface of the body in an attempt to treat body dysfunctions or diseases, to modify or prevent perception of pain, and to normalize physiological functions. The procedure has been fully explained to me. I am aware that certain adverse side effects may result. These could include, but are not limited to, local bruising, bleeding, fainting, pain or discomfort, and temporary aggravation of symptoms existing prior to acupuncture treatment.

I am aware that if there is a worsening of my ailment or condition or if it does not improve within the time estimated at the beginning of treatment, that I should immediately notify my practitioner and/or consult a licensed physician.

I have read this form carefully and understand its provisions. I understand I am free to ask any questions regarding this form and the acupuncture treatment process.

Printed Name of Patient

Signature of Patient or Guardian

Date

Signature of Witness