

Debra J. Bebell, A.P., R.N., B.S.N.

Located in the offices of i spa Health Studio
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Informed Consent for Acupuncture Treatment and Cancellation Policy

Acupuncture and other related therapies may involve the use of fine sterile needles placed into the body. Related therapies may include and are not limited to Electrical Stimulation with needles, Moxabustion, Infrared application, Chinese Tui Na massage, Electro-Therapeutic Point Stimulation, Cupping, Korean Hand Therapy and Herbal Therapies and Homeopathic Remedies.

The Acupuncture Physician assesses the whole person, taking into consideration the physical, mental, emotional and spiritual aspects of the individual. Traditional Chinese Medicine therapies are generally used in order to stimulate the body's inherent healing capacity. Your Acupuncture Physician will take a thorough case history and perhaps perform a physical examination limited to the physical complaint of the patient. It is very important that you inform the Acupuncture Physician immediately of any disease process that you are suffering from and any medications, over the counter drugs, supplements and vitamins that you are currently taking or if you have consumed alcohol prior to your appointment. Please advise your Acupuncture Physician immediately if you are pregnant, suspect that you are pregnant or breast-feeding.

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, acupuncture/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand:

1. Neither **i spa Health Studio** nor the **Acupuncture Physician** guarantee treatment results. The Acupuncture Physician will explain treatment provided and will answer any questions I may have.
2. Acupuncture and the Related Modalities can be therapeutic, relaxing and reduce muscular tension, it is not a substitute for western medical examination, diagnosis and treatment. I will immediately inform the practitioner if I experience any pain or discomfort during the session so that the treatment may be adjusted to my level of comfort.
3. Acupuncture and the Related Modalities should not be done with certain medical conditions and I affirm that I have answered all questions pertaining to medical conditions and history truthfully.
4. It is my responsibility to notify the Acupuncture Physician of any medical, billing or address changes.
5. I am free to withdraw my consent and discontinue treatment at any time.
6. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session.
7. **Cancellation of an appointment requires 24 hours notice or there will be a termination fee of \$65.00 applied to a missed or cancelled visit.**

I have read the above and hereby give consent to Debra J. Bebell, A.P., Acupuncture Physician to proceed with treatment.

Patient Name: _____ (please print name)

Signature of Patient/Guardian: _____ Date: _____

Acupuncture Physician: Debra J. Bebell, A.P.

Signature of Practitioner: _____ Date: _____