

Muscle channel and scalp acupuncture are unique treatment modalities that require a needle to be kept in place for more than the time of the house call. Therapeutic results are best obtained if the needles are retained for more than one hour, typically 2 to 48 hours. Any patient who wants to keep their acupuncture needles beyond the office visit must read the following instructions and sign the consent form.

Instructions

1. While the needles are retained, do **NOT** touch or manipulate them.
2. Your practitioner has checked every needle's location and depth to ensure that your mobility is not hindered. However you should move your body and joints cautiously, within reasonable force and range of motion. Please let us know if you will be engaging in any sports, as we will need to evaluate whether or not it is safe for you to keep your needles in place.
3. If you feel any discomfort while the needles are retained, such as pain, swelling, headache, dizziness or bleeding, remove the needles immediately.
4. To remove a needle, hold a clean dry cotton ball on the skin where the needle is. Gently pull out the needle with the other hand. Sometimes a small gentle twisting motion makes it easier. If the needle doesn't come out easily, relax, massage and pull out the needle. Immediately after removing the needle, apply pressure on the cotton ball for at least 30 seconds to stop any bleeding. There may be a small amount of bruising which will fade.
5. If a needle is taped, remove tape from the base of the needle by gently pulling towards the handle. Then remove needle as described above.
6. If the tape over a needle loosens or falls off, remove the needle immediately.
7. If a needle is bent or broken, do **NOT** attempt to pull it out yourself. Stay still and seek professional medical help immediately.
8. If a needle falls off, do **NOT** re-insert to your scalp or body. Pick up any needle from the floor or bed so that it will not hurt someone.
9. After removing the needles, wait one hour before you wet the area where the needles were inserted.
10. Return needles in a container to Castle Rock Family Acupuncture, Clinic of Oriental Medicine, LLC.

INFORMED CONSENT AND AGREEMENT

I, _____, hereby request and consent to retaining acupuncture needles on my body, in order to obtain better therapeutic results. I have received clear instructions on how to remove the needles after the prescribed number of hours, how to dispose of them and what to do in the event of an emergency. I understand there are some risks involved. I do not expect my practitioner to be able to anticipate all risks and complications. By signing this form, I agree to comply with the instructions, to accept all risks and release all liabilities from Lisa Ledbetter L.Ac. and the Center for Health, should any injuries or accidents happen to me outside the office visit during and after the retaining of needles.

Patient's

Signature _____ **Relationship** _____ **Date** _____
(or representative)