

Michael Kalsman M.D. PLLC
Integrative Medicine & Medical Acupuncture
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Olean, NY 14760
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Consent for Acupuncture Therapy

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Michael Kalsman, M.D.

I understand that methods of treatment may include, but are not limited to, acupuncture, heat therapy, and electrical stimulation. I will immediately notify Dr. Kalsman of any unanticipated or unpleasant effects associated with the consumption of herbs, acupuncture therapy or any of the other therapies used.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects including bruising, numbness or tingling near the needle sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of heat therapy. Very rare risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture. Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

In addition, while Dr. Kalsman is a medical doctor, I understand that he will provide me with specific therapies (as discussed above), but he is not assuming responsibility for my general medical care. Although Dr Kalsman may recommend discussing certain issues with my primary medical provider, he is not responsible in any way for my medical therapy. I agree that any and all medical services that I require, including diagnosis and treatment, will be provided by my own primary care provider.

I understand that while this document describes the major risks of treatment, other side effects may occur. There are other possible complications and side effects in addition to the ones mentioned above. However, it is not possible to advise you of every conceivable complication. The purpose of this form is not to frighten or upset you. The complications referred to are unlikely. Herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of integrative medicine, although some may be toxic in large doses. I agree to only take those substances as directed by Dr. Kalsman. I understand that some herbs may be inappropriate during pregnancy, so I agree to notify Dr Kalsman if I am or become pregnant.

I will provide all requested medical information to the best of my ability and rely on Dr Kalsman to exercise his best judgment during the course of treatment based on the information given. I understand that results are not guaranteed. Although good results are expected, I understand that while I might see improvement in my condition by treating with Dr. Kalsman, I also might not see improvement, or my condition could get worse.

Last updated 3/1/22

By voluntarily signing below, I acknowledge that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and the other procedures, and have had an opportunity to ask questions. I further acknowledge that no guarantee as to the results of this treatment has been made. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from Dr. Kalsman.

Patient Name (please print)

Date of Birth

Signature of patient (or legal guardian)

Today's Date