ground floor health

1227 N Allen pl | Seattle WA 98103
P: 206.624.6627 F: 206.525.5933 | groundfloorhealth.com

# Informed Consent

This disclosure is to advise you of the credentials of the practitioner, the scope of practice for Acupuncture in the State of Washington, and to document your consent for services (WAC 246-802-120).

**Credentials**: Ashley Landbloom received a Master's Degree in Acupuncture from Bastyr University in Kenmore Washington in 2010. She passed the National Board Examination by the National Certification Commission for Acupuncturist and Oriental Medicine (NCCAOM) and is designated a Diplomat of Acupuncture in Washington state. She is currently an East Asian Medical Practitioner (EAMP) in the State of Washington, holding license number AC60202398 since January 21, 2011.

**Kelly Buechel** received a Master's Degree and Oriental medicine in Acupuncture from Bastyr University in Kenmore Washington in 2020. She passed the National Board Examination by the National Certification Commission for Acupuncturist and Oriental Medicine (NCCAOM) and is designated a Diplomat of Acupuncture in Washington state. She is currently an East Asian Medical Practitioner (EAMP) in the State of Washington, holding license number AC61125611 since December 23, 2020.

**Scope of Practice**: I hereby authorize my practitioner(s) to perform the following treatments, which include but are not limited to:

- **Acupuncture:** The use of pre-sterilized, disposable acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians.
- **Electrical,Mechanical or Magnetic Stimulation of Acupuncture Points:** Using very small amounts of electricity to stimulate acupuncture points and meridians or using mechanical or magnetic devises to stimulate acupuncture points or meridians.
- **Moxibustion:** A soft woolly mass prepared from ground young moxa(mugwort) leaves, typically in the form of sticks or cones, which are ignited and placed on or close to the skin or used to heat acupuncture needles.
- **Acupressure:** Traditional Chinese medical massage and manual therapy.
- **Cupping:** Glass or plastic cups are placed on the skin with a vacuum created by heat or suction device.
- **Dermal-friction Technique (Guasha):** Friction is applied topically to the skin using a smooth object to relieve symptoms.
- **Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.
- **Sonopuncture:** The use of sound to stimulate acupuncture points or meridians.
- **Ear Seeds:** The use of metal beads or seeds to stimulate acupuncture points.
- **Dietary Advice and Health Education Based on East Asian Medical Theory:** Suggestions for nutrition and herbal food products including herbs, vitamins, minerals, and dietary and nutritional supplements.
- **Breathing, Relaxation, and East Asian Exercise Techniques**
- **Qi Gong:** an internal Chinese meditative practice that often uses slow graceful movements and controlled breathing techniques to promote the circulation of qi within the human body, and enhance a practitioner's overall health.
- **East Asian Massage and Tui Na:** Bodywork characterized by kneading, pressing, rolling, shaking, and stretching of the body. This does not include spinal manipulation.

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- **Superficial Heat and Cold Therapy**

- **Liniments, Oils, and Plasters :** Herbal formulas applied topically to the skin.

**I recognize the potential benefits and risks of these procedures, which include but are not limited to:**

- **Potential Benefits:** Drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.

- **Potential Risks:** Discomfort, pain, some pain following treatment in insertion area, minor bruising, a burn, blistering, bleeding, infection, numbness or tingling at or near the site of the procedure, temporary discoloration of the skin, broken needle, needle sickness, possible aggravation of symptoms existing prior to the acupuncture treatment, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax).

**Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment**

I acknowledge that it is my responsibility to seek the advice of a medical doctor or other primary healthcare provider as I see fit to ensure that in the event of serious illness, I do not unknowingly delay necessary medical treatment.

**Consent for Correspondence:** I give my permission to my practitioner (s) to consult with my other health care providers regarding my health and treatment. Those health care providers I have authorized are listed below:

_____ **(initial for consent)**

*Names of Physician/practitioner* *Location* *Phone Number*

_____
_____
_____
_____

**Consent for Records Release:** I understand that my practitioner will abide by the Notice of Privacy Practices in accordance with the Health Information Privacy Act, a copy of which I have been given or declined. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, or my representative, or unless it is required by law and for insurance claim processing reasons. I understand that I may look at my medical record at any time and can request a copy of it. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that any questions I have will be answered by my practitioner to the best of his/her ability. _____ **(initial for consent)**

With this knowledge, I voluntarily consent to the above procedures, correspondences and releases, realizing that no guarantees have been given to me by my practitioner (s) regarding cure or improvement of my condition. I hereby release my practitioner (s) from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

_____ _____
**Signature of patient (or guardian if under 18)** **Date**

_____
**Name**

# Acupuncture Intake Form

**Name: _____** **Date:_____**

Please check if you have had (in the past three months):

[ ] Low Back Pain
[ ] Sore, Cold or Weak Knees
[ ] Ringing in Ears
[ ] Premature Gray Hair
[ ] Night Sweats
[ ] Heat in palms or soles
[ ] Fearful
[ ] Vaginal Dryness
[ ] Ringing in Ears
[ ] Hot Flashes

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[ ] Feel Cold
[ ] Cold Hands and Feet
[ ] Menstrual cramps that improve with heating pad
[ ] Frequent urination
[ ] Nighttime urination
[ ] Edema/Swelling
[ ] Profuse Vaginal discharge
[ ] Loose, urgent stools
[ ] Hair Loss
[ ] Low libido

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[ ] Fatigue
[ ] Poor Appetite
[ ] Spotting prior to menses
[ ] Abdominal Pain
[ ]Gas/Bloating after meals
[ ] Organ prolapse (diagnosed)
[ ] Prone to worry
[ ] Feel heavy/sluggish
[ ] Hx of hypothyroidism
[ ] Crave Sweets
[ ] Bruise Easily

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[ ] Pain worse at night
[ ] Clots in menstrual blood
[ ] Stabbing menstrual cramps
[ ] Chronic Hemorrhoids
[ ] Menstrual flow brown or black in color

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[ ] Muscle twitches/spasms
[ ] Symptoms worse w/stress
[ ] Irritable
[ ] Neck/shoulder tension
[ ] Symptoms worse with stress
[ ] Anger Easily
[ ] Heartburn
[ ] Bitter taste in mouth
[ ] Feel better after exercise
[ ] Depression
[ ] Numb extremities
[ ] Breast distension
[ ] Tightness in chest
[ ] Alternating diarrhea and Constipation

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[ ] Spontaneous Sweat
[ ] Allergies
[ ] Feel worse after exercise
[ ] General Weakness
[ ] Dry nose/mouth/skin/throat
[ ] Shortness of Breath
[ ] Cough
[ ] Nasal discharge
[ ] Catch Colds Easily
[ ] Fatigue
[ ] Asthma

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[ ] Insomnia
[ ] Heart Palpitations
[ ] Difficulty Concentrating
[ ] Anxiety
[ ] Sores on tip of tongue
[ ] Restlessness
[ ] Excessive dreams
[ ] Poor Memory

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[ ] Ravenous appetite
[ ] Acid Reflux
[ ] Frequent belching
[ ] Bad Breath
[ ] Hunger with no desire to eat
[ ] Frequent Canker Sores
[ ] Bleeding Gums

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[ ] Rapid Heart Rate
[ ] Dry Mouth and Throat
[ ] Thirsty for Cold Drinks
[ ] Wake up Sweating/Hot Flashes
[ ] Short Menstrual Cycle
[ ] Vaginal irritation/rashes
[ ] Excessive sweating
[ ] Red Acne

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[ ] Tired/Sluggish after Meals
[ ] Cystic Acne
[ ] Mucous in Menstrual Blood
[ ] Frequent Yeast Infections
[ ] Foul Smelling Stools
[ ] Achy Joints

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[ ] Dizziness
[ ] Blurry Vision
[ ] Pale/Brittle Fingernails
[ ] Dry skin
[ ] Amenorrhea
[ ] Muscle spasms
[ ] Tendon issues
[ ] Poor night vision
[ ] Dry Eyes