

# Mitchell Center for Natural Healing

Glenn D. Soja, LAc, EAMP, Diplo. OM

8814 Roosevelt Way NE

Seattle, WA 98115

## Informed Consent

I, the undersigned, hereby authorize Glenn D. Soja, LAc, LMP to perform the following procedures:

- **Acupuncture:** The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.
- **Electroacupuncture:** Using small amounts of electricity to stimulate specific acupuncture points.
- **Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.
- **Moxa:** The burning of Moxa over acupuncture points to warm the meridians and points.
- **Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction device.
- **Manual Therapy:** Acupressure, Traditional Chinese massage, Swedish massage.
- **Liniments, Oils, Plasters:** Herbal formulas applied topically to the skin.
- **Dietary Advice:** Suggestions for nutritional and herbal food products and teas.

I recognize the potential benefits and risks of these procedures as described below:

- **Potential Benefits** (including but not limited to): 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** (including but not limited to): Discomfort, pain, bruising, blistering, bleeding, infection at the site of the procedure, temporary discoloration of the skin, broken needle, possible aggravation of the symptoms existing prior to the acupuncture treatment.

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

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Glenn D. Soja, LAc, LMP regarding the cure or improvement of my condition. I hereby release Glenn D. Soja, LAc, LMP from 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.

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Signature of patient or guardian (if under 18 years of age)

\_\_\_\_\_  
Date

Glenn D. Soja, LAc, LMP received a Master's Degree in Acupuncture and Oriental Medicine at Bastyr University and a massage certificate through Brenneke School of Massage. He has passed the National board Examination for Acupuncture and Oriental Medicine administered by the National Committee for the Certification of Acupuncture and Oriental Medicine (NCCAOM) and is designated as a Diplomat of Acupuncture and Oriental Medicine. He is a Licensed Acupuncturist in the State of Washington, holding Acupuncture License number AC002979.