



Pediatric Informed Consent Form

The Department of Health in the state of Washington requires that, “Prior to treatment, a patient must sign an informed consent form which includes notification of the scope of practice, possible side effects, and a list of the practitioner’s education and qualifications.”¹ This consent form is designed to meet these requirements, as well as answer other questions you may have about acupuncture and herbal medicine.

Scope of Practice:

In 1985 a statute was passed in the state of Washington defining the scope of practice of acupuncturists. This scope includes, but is not limited to, (a) the use of acupuncture needles to stimulate acupuncture points and meridians, (b) the use of electrical, mechanical, or magnetic devices to stimulate the acupuncture points and meridians, (c) moxibustion, (d) acupressure, (e) cupping, (f) gua sha (a Chinese technique of rubbing the skin), (g) infra-red, (h) sonopuncture, (i) laserpuncture, (j) dietary advice based on traditional Chinese medical theory, and (k) point injection therapy.

Possible Side Effects:

It is important to report to the practitioner any effects you experience after receiving acupuncture or any other treatment. The most commonly reported side effect of acupuncture is a calm, relaxed feeling. Some people report a boost in their energy immediately following treatments while others feel more tranquil. Adverse side effects from acupuncture may include, but are not limited to, minor bruising, some pain at the insertion site, infection, light-headedness, fainting, broken needle, or slight bleeding. Anyone with a bleeding disorder or a pace-maker device should inform the practitioner of this prior to treatment.

In many cases, herbal teas, supplements, or products from the Oriental materia medica may be recommended to treat specific conditions. It is important to realize that you are not required to take these substances, but if you choose to, you should follow the recommended instructions and dosages. Possible side effects from herbal preparations include, but are not limited to, feeling better, changes in bowel movements, temporary abdominal discomfort, and the possible temporary aggravation of pre-existing symptoms. If you experience any problems with which you associate taking the herbs, you should suspend taking them, and call **Points of Origin** Acupuncture and Herbal Clinic to speak with a practitioner, (360) 449-4500.

¹ Mitchell, Barbara B., JD, LAc, *Acupuncture and Oriental Medicine Laws* [1999 Edition], National Acupuncture Foundation, Gig Harbor, WA.

Your Practitioners:

Peter and Lisa Hanfileti strongly believe that medicine is a healing art. The highest application of medicine is to educate people so that they make informed and healthy choices. Diagnosis and treatment should be individualized based on each person's unique constitution and life experiences.

Educational Background:

Peter Hanfileti, MD

- Board Certified in Medical Acupuncture by the ABMA (American Board of Medical Acupuncture) & Full Member of the AAMA (American Academy of Medical Acupuncture).
- Certified BodyTalk™ Practitioner, Member of the International BodyTalk™ Association
- Board Certified Pediatrician, 1994-*Current*.
- Pediatrician, The Vancouver Clinic, 1994-2000.
- Residency in Pediatrics, University of Michigan Medical Center, Ann Arbor, MI, 1991-1994.
- M.D., SUNY at Buffalo Medical School, Buffalo, NY, 1987-1991.
- B.A., Biology at Earlham College, Richmond, IN, 1983-1987.

Lisa Hanfileti, LAc, MAcOM, Dipl Ac, ADS

- Licensed Acupuncturist, Master's degree in Acupuncture and Oriental Medicine, Oregon College of Oriental Medicine, Portland, OR, 1997-2000.
- Diplomate of Acupuncture, Certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), 2000.
- Acupuncture Detoxification Specialist, Certified by the National Acupuncture Detoxification Association (NADA), 2000.
- Certified Qigong Teacher, Oregon College of Oriental Medicine, 1999.
- Certified Colorpuncturist, Institute for Esoteric Colorpuncture, San Rafael, CA, 1999.
- Assisted Reproductive Technology (ART) Laboratory Technologist, OHSU, Portland, OR, 1994-1996, Ann Arbor Reproductive Medicine, Ann Arbor, MI, 1992-1994.
- M.A., Reproductive Endocrinology, Boston University, Boston, MA, 1985-1991.
- B.A., Biology at Earlham College, Richmond, IN, 1981-1985.

Records:

Please note that as health care providers, we keep a record of the health care services we provide to you. You may ask to see a copy of your record or correct your record at any time. Your records are confidential and we will not disclose your record to others unless you specifically direct us to do so, or unless the law authorizes or compels us to do so. If you have any questions or concerns please let your practitioners know.

I have carefully read and understand all of the above information and I choose to sign this document.

Signature: _____ Date: _____

Printed Parent/Guardian Name _____

Child's Name: _____ Date of Birth: _____