I, the undersigned, authorize Brook Lewis, L.Ac., EAMP to perform the following procedures:

ACUPUNCTURE: the insertion of special sterilized needles through the skin into the underlying tissue at specific points of the body.

CUPPING: a technique to relieve symptoms, which involves the placement of glass or plastic suction cups on the skin.

MOXA: indirect application of heat from the lit mugwort herb on specific areas of the body to relieve symptoms.

DIETARY ADVICE: providing nutritional information based on Traditional Chinese Medicine Theory (TCMT).

ION PUMPING CORDS: the attachment of small cords to specific points on the body to balance the body's energies.

ESSENTIAL OILS: essential oils placed on specific points on the body for relief of symptoms.

WARM STONES: stones that have been warmed and are placed on the body for relief of symptoms.

Potential risks of these techniques include discomfort, pain, infection and blistering at the site of the procedure; needle sickness, pneumothorax, broken or bent needle, temporary discoloration of the skin and aggravation of symptoms.

Potential benefits of these procedures include drugless relief of presenting symptoms and improved balance of bodily energies, which may lead to prevention, or elimination of the presenting symptoms.

SCOPE OF PRACTICE: The scope of practice of an acupuncturist in the state of Washington includes but is not limited to, use of Acupuncture needles to stimulate acupuncture points and meridians and dietary advice based on Traditional Chinese Medical Theory (TCMT).

Understanding the potential risks and benefits of these procedures I give my voluntary consent to have one or more of these procedures performed on me by Brook Lewis. I hereby release Brook Lewis from any liability, which may occur in connection with the above-mentioned procedures. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

_____   _____
SIGNATURE OF PATIENT OR GUARDIAN   DATE

WA DOH License #AC00000425