

Informed Consent to Health Care by Dr. Larry Horton

I hereby request and consent to the performance of the following diagnostic techniques and treatment modalities of Oriental medicine on me (or on the patient named below, for whom I am legally responsible) by Dr. Horton: acupuncture and other Oriental medical procedures; injection therapy; intravenous therapy; the prescription of herbal, homeopathic, nutritional substances, and essential oils; dietary recommendations; manual palpation of a variety of areas of the body; autonomic, muscle, orthopedic and neurologic testing; modes of physical therapy including massage, heat and/or cold therapy, electrical and/or magnetic stimulation; bio-identical hormones; exercise regimens and lifestyle counseling.

It is my understanding that Dr. Horton will discuss with me therapeutic options as my treatment unfolds. I see my care as a continuing collaboration with him, and I will always retain the right to accept or reject any diagnostic procedure or any treatment, before or during any procedure. I recognize that, although Oriental medicine has helped millions of people over the millennia, no guarantee of results for my condition is given or implied. I recognize that the number of treatments to resolve my health issues is not realistically predictable, but I trust that Dr. Horton will convey his best estimates as we progress.

I understand and am informed that in any form of medicine, there are some risks to treatment. I understand that, while unlikely, possible risks include, but are not limited to: bleeding, bruising, puncture of organs, pain or other strong sensations at the location of a needle insertion, nerve pain, burns, aggravation of current symptoms, and appearance of new symptoms.

Likewise, I accept that, while rare, oral/IV/injected medicinal substances, or even recommended natural foods may cause strong reactions — allergic or otherwise. I do not expect Dr. Horton to be able to anticipate and explain all risks and complications, and during the course of treatment I wish to rely on his clinical judgement, based on the facts then known.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. 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.

Client's Printed Name

Legal Representative's Printed Name

Client Signature

Representative's Signature

Today's Date

Relationship or Authority of Representative