Janine Maere, MD 209 S. Prospect Dr.

309-336-0190 Office Suite 1

Bloomington, IL

61704

Patient Consent

Please be advised that energy therapies are not a substitute for Western Medical evaluation and treatment. Patients should be under the care of a primary medical physician and should continue the treatments prescribed by them.

I hereby authorize Janine Maere, MD to perform any or all of the following procedures:

Acupuncture: Insertion of small, sterile, single-use, disposable needles through the skin and into the body at specific points.

Electro-Acupuncture: Attachment of metal clips to pre-inserted needles with the addition of a small electrical current from a battery operated device.

Moxabustion: (A) Indirect moxa: A stick of mugwort with burning embers is held over the skin to create a warm sensation, (B) Direct moxa: Rice grain sized balls of mugwort are placed onto the skin at specific locations and burned with an incense stick, and (C) Warming needle: A marble sized ball of mugwort is placed onto a needle and lit with incense.

Pranic: A gentle form of energy healing involving the cleansing of the aura (energy body external to the physical body).

Reiki: A gentle form of energy healing involving no or light touch to the body. Multiple different hand positions are used over the body.

Cupping: The use of glass or plastic cups which are placed on the skin and suction is applied.

Bleeding Techniques: May include the use of a small lancet, or plum blossom alone or in conjunction with cupping.

Vaccaria Seeds: A small black seed attached to adhesive and placed on the ear. Used to self stimulate ear acupuncture points over a period of time.

Homeopathic Prescriptions: May include pills, tinctures, lotions, creams, or ointments. The patient will be instructed on how to properly use the homeopathic preparations which may be to take them internally or apply externally. You must notify Janine Maere, MD of any allergies you have and if you do not wish to use animal products in homeopathic prescriptions.

Dietary and Lifestyle Advice: which may include but is not limited to the addition or removal of specific foods from one’s diet, the addition of exercise, herbal formulations, supplements and referrals to Medical Doctors or other health care providers.

Risks may include: bruising, discomfort, pain, blistering, possible infection, aggravation of symptoms, nausea, temporary discoloration of the skin, and may include other unforeseen consequences.

Benefits may include: relief of symptoms, improved sense of well-being, and improvement in associated symptoms

Having read this form, I understand the above treatments/procedures, including the risks and benefits, and voluntarily consent to the above treatments/procedures, realizing that no guarantees have been given to me by Janine Maere, MD regarding cure or improvement of my condition. I hereby release Janine Maere, MD and her assistants and associates from any and all liability which may result from the above mentioned procedures/treatments, unless the above procedures/treatments are performed without proper medical care. I am free to withdraw my consent and discontinue participation in the procedures at any time.

Signature of Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_

Signature of Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Janine Maere, MD

Date \_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_