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CONSENT FOR TREATMENT

I hereby agree to the performance of Acupuncture and/or other therapies, including Classical Homeopathy and Medical Qi Gong, performed by Martin Keane, Acupuncture Physician and Certified in Classical Homeopathy, who is licensed to practice in the State of Florida and whom I hereby release from any and all responsibilities.

I understand that Classical Homeopathy, Chinese Herbology and Medical Qi Gong are medical therapies which can help alleviate bodily diseases and disorders through the prescription of homeopathic remedies and herbal formulas.

I understand that Acupuncture is a medical treatment performed by the insertion of needles through the skin into the underlying tissues at certain indicated points on the surface of the body, or by the application of electric stimulation without the insertion of needles, for the alleviation of painful bodily disease and disorders.

I hereby acknowledge that I understand the procedures involved, medically acceptable alternative procedures or treatments and the risks and hazards inherent in the proposed treatment or procedures which are recognized by other acupuncturists and homeopaths in the community who perform similar treatments or procedures.

DATE

SIGNATURE OF PATIENT

LEGAL GUARDIAN OR PARENT

GUARDIAN'S RELATIONSHIP
TO PATIENT