

Acupuncture and Wellness Center

- ☐ 6049 E State Blvd, Fort Wayne, IN 46815
- ☐ 824 S 11th St, Decatur, IN 46773

Kathren Bunt, Dipl. Ac., L.Ac.

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Our faces reflect ourselves and how we have lived our lives. We are constantly transforming on a daily basis through physical, emotional, mental and spiritual changes. Our face reflects this transformation.

Constitutional Facial Acupuncture has been practiced by the Chinese for ages. The Sung Dynasty (960 AD – 1270 AD) practiced Constitutional Facial Acupuncture to maintain health and beauty. They knew that beauty starts from within and is reflected on the outside. The Chinese view acupuncture as a way to help rejuvenate your body and mind so that you can be the best you want to be “within’ and have it reflected “outside.”

Constitutional Facial Acupuncture is not a surgical procedure. Constitutional Facial Acupuncture is an alternative to procedures such as botox injections or cosmetic surgery.

The recommended course of treatment is 2 sessions a week for approximately 6 weeks. Sessions usually last 75-90 minutes. Generally, after the first treatment you may feel more relaxed and notice a more radiant complexion. By the 8th treatment results will be more noticeable.

Each session starts with inquiry, observation, auscultation & olfaction, pulse feeling and palpation, and tongue analysis.

First you look at the body and what is happening on a total level of mind, body, spirit and emotions. A treatment improves the flow of energy (qi). It commonly quiets the mind. It allows the body to bring itself back into balance. This treatment addresses many underlying causes like stress and fatigue. This is the “root” cause. The next step is the “branch” cause which is reflected on the face. So when you work on the face you are increasing circulation of blood, lymph and qi, and this aids in creating a radiant color and glow and helps diminish fine lines and wrinkles.

The benefits of Constitutional Facial Acupuncture:

- Helps reduce sagging tendencies
- Improves acne
- Helps diminish fine lines and wrinkles
- Helps reduce a double chin
- Brightens the eyes, lifts drooping eyelids
- Increases circulation to the area
- Improves facial color
- Balances and regulates your body to promote health
- Promotes a sense of well-being and total health while reducing stress
- Encourages skin cell renewal

General risks include bruises, redness, puffiness, blood, pain or other symptoms at the site of the needles in the body or on the face during or after treatment.

Contraindications: This is not to be done during pregnancy. You must be migraine free for at least three months. This is not for people who bleed easily, have pacemakers, have had laser resurfacing within the last two months, have an acute cold or flu, have acute infectious skin lesions, have acute herpes outbreak, have acute allergic reactions, are diabetic, had botox injections recently, have high blood pressure or are on certain medications (aspirin, Plavix, Coumadin, vitamin E, etc.)

Kathren Bunt has been trained by Wen Zhang of the American Institute of Alternative Medicine (AIAM) in a detailed and diverse training program in Constitutional Facial Acupuncture. Wen Zhang has extensive knowledge and expertise in the field of Acupuncture Therapy including Constitutional Facial Acupuncture. Wen has been an Acupuncturist and Chinese Medical instructor at AIAM for six years. Before she came to the U.S., Wen had practiced for many years in China. She is a Licensed Acupuncturist (L.AC.), and has a Masters Degree in Medicine majoring in Acupuncture from China.

Kathren Bunt has also completed a seminar on Constitutional Facial Acupuncture Renewal taught by Mary Elizabeth Wakefield, L.AC., MS., M.M. She is a graduate of Tri-State College of Acupuncture, NY, NY. She was the 2005 Educator of the Year by the American Association of Oriental Medicine.

In January 2008, Kathren Bunt completed a workshop called Facial Rejuvenation Acupuncture by the well-known teacher Virginia Doran, M.S., L.AC., L.M.T. She has traveled throughout the world teaching her seminar. Ms. Doran attended Tri-State College for Traditional Chinese Acupuncture and Herbs. She has demonstrated her method of acupuncture on CBS News, UPN News, Fox Good Day NY and the Maury Povitch Show. She has been featured in many magazines for her expertise and knowledge on Facial Rejuvenation Acupuncture.

1. Please sign below that you understand the above information.
2. Please sign the attached Informed Consent for Constitutional Facial Acupuncture.

Patient *(Or Patient Representative with relationship indicated)*

Date

Acupuncturist

Date

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Informed Consent - Acupuncture Facial Rejuvenation

I, _____, freely choose to undergo facial acupuncture treatments, knowing there are no claims, promises, or guaranteed results.

I also understand that there could be bruises (hematoma), puffiness, redness, blood, pain, or other symptoms at the site of the needles on the face or in the body during or after the treatment.

I do not have any of the following contraindications for this treatment: high blood pressure, migraines, diabetes, cancer, hepatitis, AIDS, hemophilia, any pituitary disorder such as a tumor, acute colds/flu, allergy, herpes outbreak, pregnancy, have a pacemaker, had laser resurfacing within the last two months, had botox injections recently, or are on certain medications (aspirin, Plavix, Coumadin, Vitamin E, etc).

I completely understand all these ramifications and freely agree to undergo these treatments. I accept full responsibility for the risk and effectiveness of all treatment.

Patient *(Or Patient Representative with relationship indicated)*

Date

Practitioner

Date

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Photograph Consent

I, _____, give Acupuncture and Wellness Center my permission to take photographs of my face for analysis with Facial Rejuvenation. These pictures will be in Acupuncture and Wellness Center's files and to be used by Kathren Bunt or staff for documentation with her Acupuncture with Facial Rejuvenation Program. She or her staff may take before, during, and after pictures.

These photographs taken by Kathren Bunt or her staff are the property of Acupuncture and Wellness Center.

These photographs will not be used for public display at any time. If in the future, Acupuncture and Wellness Center or Kathren Bunt would like to use your pictures for advertising, we will contact you for written permission.

Patient *(Or Patient Representative with relationship indicated)*

Date

Informed Consent for Constitutional Facial Acupuncture (Acupuncture Facial)

Instructions – This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

Introduction – An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of *Qi* (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body, constitutionally, and is not merely “cosmetic.” An acupuncture facial involves patient in an organic, gradual process, which is customized for each individual. It is no way analogous to, or a substitute for, a surgical “face lift.” A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

Benefits – Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, it incorporates the entire body and constitutional issues of health.

Alternative Treatment – Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical face lift, chemical peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

Risks of an Acupuncture Facial – Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual’s choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

- **Bleeding** – It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or hematoma, which will resolve itself.
- **Infection** – Infection is very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.
- **Damage to Deeper Structures** – Deeper structures such as blood vessels and muscles are rarely damaged during the course of an acupuncture facial treatment. If this does occur, the injury may be temporary or permanent.
- **Asymmetry** – The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from an acupuncture facial treatment.
- **Bruising and Puffiness** – There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
- **Nerve Injury** – Injuries to the motor or sensory nerves rarely result from acupuncture facial treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is very rare.
- **Needle Shock** – Needle shock is a rare complication after an acupuncture facial.
- **Unsatisfactory result** – There is the possibility of a poor result from an acupuncture facial. You may be disappointed with the results.
- **Allergic Reactions** – In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.

INITIALS _____

- **Delayed Healing** – Delayed wound healing or wound disruptions are a rare complication experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
- **Long Term Effects** – Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

Health Insurance – Most health insurance companies exclude coverage for an acupuncture facial and/or any complications that might occur from an acupuncture facial. Please carefully review your health insurance subscriber information pamphlet.

Additional care Necessary – There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science; although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

Financial responsibilities – The cost of an acupuncture facial involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of acupuncture supplies, and topical preparations. Depending on whether the cost of your acupuncture facial is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered.

Disclaimer – Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

INITIALS _____

Consent for Facial Acupuncture Procedure or Treatment

1. I hereby authorize _____ and such assistants as may be selected to perform an acupuncture facial. I have received the INFORMED CONSENT FOR CONSTITUTIONAL FACIAL ACUPUNCTURE.
2. I recognize that during the course of the acupuncture facial, unforeseen conditions may necessitate different procedures than those above. I therefore authorize that above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
5. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND;
 - A. THE ABOVE TREATMENT OR EXPOSURE TO BE UNDERTAKEN
 - B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I Consent to the Treatment or Procedure and the Above Listed Items (1-5). I am Satisfied with the Explanation.

Patient (or Person Authorized to Sign for Patient) **Date**

Practitioner **Date**

Patient Name:

ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must Be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider including any heirs or past, present, or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider an/or other licensed health care providers or preceptorship interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit.

Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim is asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and if not revoked will govern all professional services received by the patient and all other disputes between parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment) patient should initial here. _____ Effective as the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

PATIENT SIGNATURE (Or Patient Representative with relationship indicated)

DATE

OFFICE SIGNATURE

Acupuncture and Wellness Center

DATE

Page 7 of 8

ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of acupuncture treatments and other procedures with the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named above, including those working at the clinic or office listed above or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few day, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then know is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask question. I intend this consent form to cover the entire course of treatment for my present condition and of any future conditions for which I seek treatment.

PATIENT SIGNATURE (Or Patient Representative with relationship indicated)

DATE

OFFICE SIGNATURE

DATE