

# The Personal Wellness Center

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## Welcome to the Acupuncture Practice of David G. Mercier, L.Ac.

**Voluntary Consent:** I hereby voluntarily request and consent to be treated with acupuncture by David G. Mercier, M.S., L.Ac., an acupuncturist licensed in the state of Maryland. I understand I may be given advice on diet, exercise, lifestyle changes, and I understand it is my decision whether or not to follow these recommendations. The procedures involved in this treatment have been explained to me. I understand I will be treated with the insertion of needles and/or other methods typically used in acupuncture such as moxabustion, palpation, and hand or finger pressure.

I have not been guaranteed any success from the treatments, and I understand I am free to discontinue treatments at any time.

**Possible side effects:** I understand that these treatments may result in certain side effects, including local bruising, minor bleeding, temporary pain or discomfort. I understand that there may be a temporary aggravation of symptoms existing prior to treatment. I have read the information on this page and understand the possible risks involved.

**Medical evaluation:** I understand that I should consult a licensed physician for appropriate medical evaluation and treatment of the conditions for which I am seeking acupuncture treatment. Treatment from David G. Mercier, L.Ac., is not a substitute for appropriate medical diagnosis and treatment. I understand that Mr. Mercier is not a physician, and therefore does not diagnose or treat disease, and that my physicians should be consulted with regard to all medical symptoms and concerns. I have been advised that if a worsening of my ailment or condition occurs, or if it does not improve in a timely manner or within the time estimated by Mr. Mercier at the beginning of treatment, or if a new condition arises, I should consult a licensed physician. If I am presently under the care of a physician, I understand that I am advised to continue all medications and treatments as prescribed until such time my physician deems it appropriate to reduce or discontinue them. I certify that I have informed Mr. Mercier of all known physical, mental, and medical conditions and medications, including possible pregnancy, and that I will notify Mr. Mercier of any changes in my health.

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Name

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Signature (or signature of guardian)

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Date