

# AcuHealth LLC

## INSTRUCTIONS / INFORMED CONSENT

As with any desensitization therapy, there exists a possibility of increased sensitivity after treatment. You may become more sensitive to the allergen. This is usually resolved after a follow-up treatment clears the symptoms of the allergy. However, there still exists the possibility that symptoms may become exacerbated and the treatment may not be able to improve symptoms. Also, symptoms of untreated allergies may increase during the treatment process. This is the only known risk factor for any desensitization therapy. Immunotherapy also carries this risk factor, and neither AcuHealth LLC nor allopathic medicine can explain this phenomenon. It is only a very small percentage of patients, but this anomaly can occur.

While treatment may be very successful in resolving symptoms of allergies with strong reactions, our policy states that the severity of the original allergic symptoms must not cause any impairment to the patient that they are unable to accommodate nor be of any medical concern in the event that the symptoms of the allergy are unsuccessfully resolved.

Due to safety considerations, you must abstain from exposure to the allergens being treated until after a follow-up visit. The substance must first be retested by an AcuHealth LLC practitioner prior to reintroduction. If the follow-up test is negative, the patient is advised to conduct a carefully controlled re-exposure to the allergen in question under a medical doctor's supervision. **ANY SUBSEQUENT CHALLENGE, INCLUDING WITHOUT LIMITATION ANY ORAL CHALLENGE, IS BEST SUPERVISED BY A MEDICAL DOCTOR.**

- No, I do not have allergic symptoms that cause medical impairment that I am unable to accommodate in the event that the symptoms of the allergy are unsuccessfully treated.
  
- Yes, I do have allergic symptoms that cause medical impairment that I am unable to accommodate in the event that the symptoms of the allergy are unsuccessfully treated. Those allergens are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- After treatment, I agree to abstain from exposure to any substance that has caused a strong reaction until further indicated at follow-up appointment/testing.
  
- I have been advised to seek supervision by a Medical Doctor for any subsequent challenge, including any oral challenge.

\_\_\_\_\_  
Signature (If minor, must be signed by Parent or Legal Guardian)

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_