



Living Water Acupuncture  
& Chinese Herbal Medicine

Cedar S. Kennedy, L.Ac.  
6601 W. Deschutes Ave Ste.D  
Kennewick, Wa. 99336

LivingWaterAcupuncture@yahoo.com  
CSKennedy8@yahoo.com  
(509) 460-1286

I hereby authorize Cedar S. Kennedy L.Ac, 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.

**Plum Blossom:** Tapping a specific area with a small hammer with 7 needles. When treatment requires, a small amount of bleeding may occur.

**Gua Sha:** A technique of rubbing the skin with a hand held tool made of cow horn, plastic, ceramic or jade.

**Cupping:** The use of glass or plastic cups which have been slightly heated and placed on the skin.

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

**Herbal Prescriptions:** May include pills, raw herbs, tinctures, liniments, pastes and plasters, decoctions or infusions The patient will be instructed on how to properly use the herbs which may be to take them internally or applied externally. **You must notify Cedar S. Kennedy L.Ac of any allergies you have and if you do not wish to use animal products in herbal 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 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

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Cedar S. Kennedy L.Ac., regarding cure or improvement of my condition.

I hereby release Cedar S. Kennedy L.Ac and her assistants and associates from any and all liability which may result from the above mentioned procedures, unless the above procedures 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 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Acupuncturist \_\_\_\_\_ Date \_\_\_\_\_

Cedar S. Kennedy