Working Class Acupuncture / POCA Tech
Procedures, Alternatives, Risks, and Questions (PARQ) Form

The state of Oregon requires the practitioners of Working Class Acupuncture (WCA) and/or the POCA Tech Student clinic (student interns and clinical supervisors) to utilize a **Procedures, Alternatives, Risks and Questions** (PARQ) Conference with all patients.

In this PARQ conference the acupuncturist will explain the following:

      (a)   in general terms the **procedure** or treatment to be undertaken;

      (b)   that there may be **alternative** procedures or methods of treatment; and

      (c)   that there are **risks**, if any, to the procedure or treatment.

For our purposes, this means:

P -- The only treatment this clinic provides is acupuncture. (Moxabustion and Chinese patent herbal medicine may infrequently be provided as adjuncts; most patients will only receive acupuncture here.)

A -- There are many alternative procedures and methods of treatment to acupuncture, depending on a person's chief complaint. In biomedicine, there are medications, surgery, and physical therapy (to name only a few); for alternative medicine, there are chiropractic adjustments, massage therapy, and homeopathy (to name only a few). Since this clinic only provides acupuncture, if you are interested in alternative procedures, we encourage you to consult your primary care provider who can make recommendations based on your individual concerns.

R -- The risks of acupuncture, moxa, and Chinese herbal medicine are detailed on our informed consent form. Please ask your acupuncturist and/or student intern and clinical supervisor if you have any questions about the risks listed on this form.

Q -- Please let us know if you have any questions about acupuncture, alternatives to acupuncture, or risks of acupuncture, or any other aspect of the WCA and/or POCA Tech Student Clinic. It's important to us that you feel fully informed and that all our operations are transparent.

I have read and understood the above:

_____   _____
Signature of Patient or Patient Representative   Date

_____
Patient Name