



ACUPUNCTURE CONSENT TO TREATMENT:

Please read this information carefully and ask your practitioner if there is anything that you do not understand. I (the "Patient") hereby request and consent to the performance of acupuncture treatment for my present and future health condition.

What is acupuncture?

Acupuncture is a safe procedure involving the insertion of tiny sterile, disposable needles through the skin into underlying muscles and tissues at specific points on the body. Acupuncture is used for the purpose of alleviating pain, increasing blood flow, muscle relaxation, relieving pressure on nerves, improving mobility and re-establishing normal function.

What is electro-acupuncture?

Electro-acupuncture is where the inserted needles are electrically stimulated at various frequencies to increase the therapeutic benefit. A slight throbbing or tingling sensation may be felt during the use of the stimulator. This modality is usually employed for pain management and other specific conditions.

What are the side effects of acupuncture?

- Acupuncture can produce temporary discomfort, usually achiness, soreness, heaviness or numbness at the treatment site
- It can occasionally cause slight bleeding, bruising or local redness
- Other possible risks include dizziness, fainting, drowsiness or nausea
- Extremely rare risks of acupuncture include nerve damage, organ puncture and infection

The Patient accepts full responsibility to inform the practitioner of the following:

- A suspected or confirmed pregnancy
- Previous history of fainting
- A pacemaker or other electrical implant
- A bleeding disorder or use of blood thinner medications
- Current cancer
- Under the influence of drugs or alcohol

I, the Patient, hereby certify that I have read the above information of this informed consent form and have had my questions answered to my satisfaction. By signing below, I consent to receiving the above mentioned acupuncture treatment and understand the possible risks and complications. I understand that I may request more information at any time.

Patient Name (please print)

Name of Practitioner (please print)

Signature of Patient

Date Signed