

Please Read Carefully

I, the undersigned, do hereby give my voluntary consent for the administration of medical acupuncture and other ancillary techniques as deemed appropriate by my treating therapist.

Acupuncture has been explained to me as a therapeutic treatment performed by the insertion of **single use, sterile, disposable needles**. The needles are inserted through the skin, into the underlying muscles and tissues at specific points on the body for the purpose of alleviating pain, relieving pressure on nerves, improving mobility and re-establishing normal function.

Ancillary techniques of acupuncture may include one or more of the following:

- *Electro-acupuncture* - where the needles are electrically stimulated at various frequencies to increase the therapeutic benefit
- *Moxibustion* - indirect needle stimulation with a lit moxa stick (mugwort)
- *Dry needling* - where muscles are briefly needled by an acupuncture needle, held in a needle holder, to release trigger points and spasms
- *Cupping* – where suction cups are applied to specific points or regions of the body

I understand and am informed that there is the possibility of temporary complications which result from the above listed procedures, which include, but are not limited to minor bleeding or bruising, soreness, nausea, weakness, fatigue, fainting or aggravation of existing symptoms for a short time. On the rare occasion, an individual may experience an infection, possible perforation of internal organs, convulsion or stuck needles.

I further state that the following **do not** exist in my current state of health and I will immediately notify the practitioner of any changes:

- > Pregnancy
- > Local Infections
- > Pacemaker
- > Anticoagulants
- > Bleeding Disorders
- > Elevated Risk of Infections

I do not expect the acupuncture practitioner to be able to anticipate and explain all possible risks and complications. I wish to rely on the therapist, to exercise proper judgment during the course of the treatment to make decisions based upon my best interests.

I accept the fact that there is no guarantee of the effectiveness of the treatment.

I am aware that I may withdraw this consent and discontinue treatment at any time.

I hereby certify that I have read the above information and have had my questions answered to my satisfaction. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment. By signing below, I agree to the above-mentioned acupuncture procedures.

Date

Patient Name (Print)

Patient Signature

Therapist