

ACUPUNCTURE

Informed Consent for Acupuncture Treatment

Acupuncturists are Government registered health care providers. Acupuncturists are required by law to complete accredited University training, and comply with Government standards ensuring the highest quality of care and most importantly safety for patients. Even with highly regulated practice there are always going to be some risks associated with treatment.

It is our intent and desire to make our patients better and we pride ourselves on quality care and patient choice. We would therefore like to inform you of some of the more serious risks, regardless of how remote the possibility of these events occurring so that you can make an informed choice when it comes to your treatment.

Each Acupuncturist may employ a different range of therapies that may include but are not limited to Acupuncture, Electroacupuncture, Moxibustion, Cupping, Gua-sha, Infrared Heat Treatment, Exercise Therapy, Tui-Na(Chinese Massage), Remedial Massage, Chinese or Western Herbal Medicine and Nutritional Counselling.

Acupuncture is a safe method of treatment utilizing fine stainless steel needles inserted at specific points in the body to correct various ailments. These needles are sterile and disposed of after use.

Acupuncture may have some side effects. Minor swelling, bruising or bleeding can occur at the site of insertion and numbness or tingling, dizziness or fainting may occur during or after an Acupuncture treatment. Please notify the acupuncturist if you experience any symptoms or problems. In extremely rare cases Acupuncture has been reported as being associated with bodily infections or collapsed lung.

Moxibustion is the application of heat by burning Folium Artemisiae Vulgaris, commonly known as Mugwort, over Acupuncture points. In rare instances accidental minor burning and blisters are a possibility. In extremely rare cases third degree burns have been reported.

Cupping utilizes round suction cups over a large muscular area to enhance blood circulation to the designated area. **Gua-sha** is where oil is applied to the skin then a smooth-edged instrument is used by the acupuncturist to apply short or long strokes on the skin, this increases blood flow. Bruising is a possible side effect for both cupping and gua-sha.

Tui-na is a form of Chinese body treatment (massage) used in facilitating healing and pain management. With Tui-na and remedial massage occasionally there may be increased soreness at the sites of treatment on the day of, or day following treatment. Allergic skin reactions to massage oils are possible, please inform the practitioner if you have very sensitive skin.

Please circle and inform the practitioner if you have any of the following conditions - pregnant, cancer, Hepatitis B, AIDS/HIV, seizures, faints or funny turns, a bleeding disorder, pacemaker, local infection, artificial implants, metal plates, are taking anticoagulants, or allergic to metal.

Consent Statement

By voluntarily signing below I _____ (“the patient”) hereby certify that I have read this entire form and have been told about the risks and benefits of Acupuncture and other procedures, realize I will have the opportunity to ask questions and consent to treatment with the modalities described above. I intend this consent form to cover the entire course of treatment to be performed for my present condition and any other condition I agree to be treated. I am relying on the TCM Practitioner to exercise judgement during the course of my treatment, trusting that, based upon the facts then known, this treatment plan is appropriate and in my best interests. I understand that Acupuncture and other Chinese Medicine procedures are not substitutes for treatment by my medical doctor. Also, at any given time throughout the treatment, I may request the practitioner to stop, modify or change the treatment plan.

Name: _____
Patient / Parent / Guardian

Signature: _____ Date: _____
Patient / Parent / Guardian

CANCELLATION POLICY:

We require 24 hours’ notice for all cancellations. If you are unable to make your appointment, please phone us to reschedule our appointment 24 hours in advance if possible. Special considerations will be considered for dire circumstances. An appointment reschedule for a different time on the same day will not incur a fee.

I understand that should I cancel within the 24hr period, a cancellation fee may apply.

Signature: _____ Date: _____
Patient / Parent / Guardian

Please note: Persons under the age of 18 should have a parent or guardian sign this consent form