



THINK theCare For Your Health

Patient Information and Consent Form

Please read the following information carefully, and ask your practitioner if there is anything that you do not understand.

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

Is acupuncture safe?

Acupuncture is highly effective in correcting conditions and maintaining overall well-being. Although a practitioner cannot anticipate all the possible risks and complications that may arise with each individual case, you should be aware that the following side effects can occur. Very serious side effects are very rare, occurring in less than one per 10,000 treatments. If there are any particular risks that exist in your individual case, these will be discussed with you.

What are the possible side effects of acupuncture?

You need to be aware that:

Drowsiness occurs after treatment in a small number of patients. If affected you are advised not to drive;

3% of patients will experience minor bleeding or bruising;

1% of patients will experience pain during treatment;

In less than 3% of patients symptoms may become worse after treatment; this is usually a good sign. Be sure to advise the acupuncturist if symptoms persist beyond 2 or 3 days;

Fainting can occur, particularly in the first treatment.

Is there anything your practitioner needs to know?

Apart from the usual medical details, it is important you let your practitioner know:

If you have ever experienced a fit, faint or other odd detached sensation;

If you have a pacemaker or any other electrical implants;

If you are pregnant;
If you have a bleeding disorder;
If you are taking anti-coagulants(blood thinners) or any other medication;
If you have damaged heart valves or any other particular risk of infection.

Single use, sterile, and disposable needles are used in the clinic

Statement of Consent

I confirm that I have read and understood the above information, and I consent to having treatment from this clinic. I have read the possible risks of this treatment as outlined above but do not expect the practitioner to be able to anticipate or explain all possible risks and complications of treatment. I also understand that I can refuse treatment at any time.

I wish to rely on my practitioner to exercise judgment during the course of treatment, which based upon the facts then known, is in my best interest. I understand the practitioner my review my medical records and lab repost, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below I show that I have read this consent to treatment, have been told about the risks and benefits of treatments provided by this clinic, and have had the opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and further conditions for which I seek treatment.

Cancellation Policy

In signing this form, I also understand and accept that the full appointment fee will be charged if I do not cancel or reschedule my appointment 24 hours prior.

Print name in full

Signature

Date

Print name of representative if
represented by another

Signature of representative