Informed Consent for Acupuncture Care

Please Read Carefully

I hereby request the consent to the performance of acupuncture and other procedures related to acupuncture as necessary, including moxibustion, cupping, and/or electroacupuncture that are within the scope of practice of physiotherapy.

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs, and stuck or bent needles.

I have been advised that only single-use needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

I do not expect the therapist to be able to anticipate and explain all possible risks and complications. I wish to rely on the therapist to exercise judgement during the course of the treatment which the therapist feels at the time, based upon the facts then known, it is in my best interests. I understand that the results are not guaranteed.

I have read the above consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above mentioned acupuncture procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment.

I understand that there are several contraindications to receiving acupuncture treatment including diabetes, pacemakers or other electrical implants, bleeding disorders, damaged heart valves or other risks of infection, taking anticoagulant medication, metal allergy, and pregnancy or trying to conceive. I state that I have disclosed any of the aforementioned conditions to the therapist and agree to the course of treatment.

READ BEFORE SIGNING

Date Signed __________________ Print Patient’s Name __________________ Signature of Patient (or parent/guardian) __________________