



Acupuncture Consent Form

I understand that acupuncture and dry needling treatments are a safe and natural form of healing and recognize the potential risks and benefits as stated below.

Potential benefit: relief of presenting symptoms, improved health and well being, reduced stress and an overall balance of bodily energies which may lead to prevention or elimination of the main complaint(s).

Although uncommon, there is a potential for needling treatments to cause temporary bruising, swelling, bleeding, numbness, tingling, and soreness at the site of the needle and such symptoms may last for a few days. Unusual risks associated with needling include dizziness, fainting, nerve damage, or possibly aggravation of current symptoms. Pneumothorax is very rare and unlikely side effect of needling. Infection is a slight possibility, however, one time use disposable needles are used and clean needle technique is administered. If pregnant, the patient will inform the practitioner as certain points can induce premature labour and cause miscarriage.

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

- You are, or there is any possibility that you could be pregnant
- If you have ever experienced dizziness, faintness or seizures;
- If you have a pacemaker or any other electrical implants;
- If you are taking anti-coagulants or any other medication;
- You are a haemophiliac
- If you have damaged heart valves or have any other particular risk of infection.

Does it hurt?

Most patients only feel minimal discomfort as the needles are inserted; some feel no pain at all; once the needles are in place, there should be no significant discomfort; a dull ache may be felt around the site.

CONSENT TO TREATMENT FOR ACUPUNCTURE

I, _____ request and consent to the performance of Acupuncture. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. I understand that my signature on the form indicates that I have read and understand the patient information leaflet regarding my treatment and of the risks and possible side effects. I understand that if I have any questions about this information, I should ask my physiotherapist.

Patient's Name: (please print) _____

Patient's Signature _____ Date: _____

Witness Name: (please print) _____

Witness Signature: _____ Date: _____