

## Patient Information and Consent Form

*Please read this information carefully and ask your doctor to explain anything you do not understand.*

**What is acupuncture?** Acupuncture is a medical treatment in which fine needles are inserted into specific points on the body to relieve pain and help treat medical disorders. Only single-use, sterile, and disposable needles are used for your treatment.

### **Does acupuncture have side effects?**

Acupuncture is generally very safe. Here is a list of common side effects:

- Minor bleeding or bruising when the needles are removed.
- Drowsiness after a treatment. If you feel drowsy after treatment, you agree that you will not drive yourself home and will arrange for other transportation.
- Your symptoms may temporarily worsen after a treatment. If this occurs, you agree to tell your doctor about this at your next appointment.
- Lightheadedness or fainting, particularly at the first treatment.

Other possible and more severe risks are extremely rare but include: infection, nerve injury, broken needles, and puncture of a lung or other organ. If there are particular risks that apply to your case, your doctor will discuss these with you. You agree that you will disclose to us any of the information described below so your doctor can fully assess any particular risks that you may face.

### **What does your doctor need to know?**

In addition to your medical history, it is important to tell your doctor:

- all medications you are currently taking,
- if you have ever fainted, had a seizure, or had an unusual reaction to a medical treatment OR any other situation involving needles (e.g. a tattooing or piercing),
- if you have a pacemaker or any other implanted devices,
- if you have had any surgeries,
- if you have a bleeding disorder or are taking blood thinners,
- if you have a damaged heart valve or other cardiac problem,
- if you are at increased risk of infection.

### **Statement of Consent**

I confirm that I have read and understand the above information. I consent to having acupuncture treatment acknowledging that no guarantee of results has been made to me. I understand that I can refuse treatment at any time.

Signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_