

Acupuncture Patient Consent Form

Name:

Date:

Acupuncture involves the insertion of fine, sterile needles into specific points on the skin. Individuals react to Acupuncture in varying ways, depending on whether they are what is known as a 'strong reactor' or not.

In general Acupuncture may make patients feel slightly drowsy/relaxed. This can occur during the session for the strong reactors, or later the same day. Some people may not experience it at all. This does not mean that Acupuncture won't work. Many patients sleep very heavily on the same night of their first treatment.

As Acupuncture will promote chemical effects on the body, it is important that you let your therapist know if you have any of the following:

	Y	N
Have you had any Acupuncture before? If so, did you have any reaction to it?:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do you have any history of blood disorders? (Hepatitis/Haemophilia/Blood clotting disorders)? If so, please give details:	<input type="checkbox"/>	<input type="checkbox"/>
Are you giving blood?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any heart condition? If so, is this controlled?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do you have any allergies or sensitivities, or specific metal allergies? If so, please give details:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fits/epilepsy? If so, are these controlled on medication?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do you have Diabetes? If so, is it controlled on medication?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are you taking any other medication? If so, please give more details on your conditions and drugs taken:	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other medical condition of which the therapist should be aware? If so, please give details:	<input type="checkbox"/>	<input type="checkbox"/>
(Ladies only) Are you pregnant? Are you actively trying to become pregnant?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you eaten in the last couple of hours?	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that I have read and understood the above information, and I consent to having Acupuncture treatment. I understand that I can refuse treatment at any time.

Name:

Date:

Therapist:

Signature: