



Acupuncture Patient Treatment Informed Consent form

I, _____ have been informed of my treatment options by the Licensed Acupuncturist who is performing my treatment at the Longevity & Wellness Acupuncture clinic. The each recommended procedure and any alternative choices I may have for treatment have been explained to me.

I understand that during my treatment(s) at this clinic I may receive any or all of the following: Acupuncture Services, Moxibustion, Cupping, Electrical stimulation, and Guasha.

I have been informed that acupuncture may cause bruising or tingling sensation near the needling sites, and bruising after cupping that can last a few days. The other rear side effects may include fainting, and infections at the needles site. I understand that infections are rare but still pose a potential risk. All acupuncture needles used in the department are single use sterile needles.

I understand that acupuncture can cause an increase in relaxation and will take caution after the procedure when driving a car or operating machinery.

I have informed my Acupuncturist:

-If I am currently on or begin taking anticoagulant medications

-If I have any devices such as a heart pacemaker, an implanted stimulator, or spinal drugs pump.

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

Patient signature

Date

Signature of representative

Relationship to patient