

### **Informed consent for Acupuncture**

I hereby by request and consent to the administration of medical acupuncture and other supplementary techniques as deemed appropriate by my Naturopathic Doctor.

Acupuncture had been explained to me as a therapeutic treatment performed by the insertion of single use, sterile, disposable needles.

The needles are inserted through the skin into the underlying tissues at specific point on the body for the purpose of balancing energy, alleviating pain, improving mobility and re-establishing normal function.

I understand that there is the possibility of temporary complications that may result from an acupuncture treatment, which include, but are not limited to fainting, minor bleeding, bruising, minor pain or soreness, nausea, weakness, fatigue, fainting, or aggravation of existing symptoms for a short time. I understand that if there are any particular risks that apply to my case the Naturopathic Doctor will discuss these with me.

I further state that the following conditions do not exist in my current state of health and that I will immediately notify my practitioner of any changes regarding the following:

- Pregnancy
- Local infections
- Seizure disorder (epilepsy)
- Pacemaker
- Elevated risk of infections
- Bleeding disorders

Alternatives to acupuncture have been discussed. I have read the above consent form. I have 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 apply to my entire course of treatment, for present and future conditions for which I seek treatment. I understand I can refuse treatment at any time.

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(Print Name)

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(Signature of Patient or Parent/Guardian)

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(Witness)

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(Date)