

Safety and Consent Form

Acupuncture is an ancient form of Chinese medicine in which very fine filiform needles are inserted into specific points of the body to achieve a therapeutic effect. Acupuncture is used to encourage natural healing, improve mood and energy, reduce pain and improve total body functioning.

Acupuncture is generally very safe. Serious side effects are very rare. Some side effects you might experience:

- Light-headedness, and drowsiness
- Mild bruising/ minor bleeding
- Mild pain during treatment
- Fainting may occur in certain patients, and is more likely in the first treatment. Please tell your acupuncturist if you have a history of fainting.

Extremely rare but serious complications are, nerve damage, organ puncture, needle breakage, burns and joint infection. Your practitioner has been extremely well trained in accident prevention, and all precautions are always taken to ensure your safety.

I understand that methods of treatment may include, but are not limited to, acupuncture; moxibustion; cupping; gua sha (scraping therapy); needle retention; acupressure and tui na massage; electrical and/or magnetic stimulation; mild bleeding therapy; diagnostic palpation on various areas of my body; Chinese herbal medicine; and nutritional and/or lifestyle counseling. I understand that the herbal prescriptions must be consumed according to the instructions provided verbally and in writing.

You should avoid strenuous activity directly after treatment, especially if it is your first time. Be sure to tell your acupuncturist if there is any discomfort felt during the treatment, or if you have any questions or concerns. Symptoms can appear to be worse directly after a treatment, which is often a positive reaction and should be relieved within 2 to 3 days. If symptoms continue to be worse, please inform your acupuncturist.

All needles used are sterilized disposable needles made for one time use.

Your acupuncturist will refuse treatment if the client is under the influence of alcohol, or recreational drugs, or if the acupuncturist feels threatened at any time.

I have read, understood and give consent to Lisa Gallant, R.A.C to perform acupuncture, and other methods of Chinese medicine, as seen to be fit.

Name of patient (printed):_____

Signature:_____

Date:_____

