Acupuncture Consent

Informed consent for acupuncture and Traditional Chinese Medicine treatments

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Information

What is your primary reason for seeking acupuncture? *

Treatments of Interest

- ☐ Body Acupuncture
- ☐ Auricular (Ear) Acupuncture
- ☐ Electroacupuncture
- ☐ Moxibustion
- ☐ Cupping
- ☐ Gua Sha
- ☐ Herbal Medicine Consultation
- ☐ Tui Na (Chinese Massage)

Have you received acupuncture before? *

☐ Yes ☐ No

Health Screening

Are you currently pregnant or trying to conceive? *

☐ Yes ☐ No

Do you have a bleeding disorder or take blood thinners? *

☐ Yes ☐ No

Do you have a pacemaker or implanted electrical device? *

☐ Yes ☐ No

Do you have a fear of needles or a history of fainting? *

☐ Yes ☐ No

Do you have any of the following?

- ☐ Seizure disorder
- ☐ Active skin infections
- ☐ Immunocompromised
- ☐ Diabetes
- ☐ Cancer (active treatment)
- ☐ None of the above

Current Medications & Supplements

Risks & Information

About Acupuncture:
Acupuncture involves the insertion of thin, sterile, single-use needles into specific points on the body. It is based on Traditional Chinese Medicine principles.

Potential Risks:
- Minor bleeding or bruising at needle sites (common)
- Temporary soreness or tingling
- Lightheadedness or fainting (rare, more common in first session)
- Fatigue or emotional release after treatment
- Pneumothorax (extremely rare — with specific chest/back points)
- Infection (extremely rare with sterile technique)
- Temporary worsening of symptoms before improvement

What to Expect:
- Needles are typically retained for 20-40 minutes
- You may feel a dull ache, heaviness, or tingling sensation (Qi sensation)
- Most patients find treatment deeply relaxing
- Wear loose, comfortable clothing

I have been informed of the nature, risks, and benefits of acupuncture. I understand that results are not guaranteed.

I understand the risks of acupuncture: _____

Treatment Notes
For office use only

	Date	Point	Method	Duration
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				
Entry 7				
Entry 8				

Consent & Signature

I consent to acupuncture and any adjunct therapies described above. I have disclosed all health conditions and understand the risks and benefits. I release the practitioner from liability.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY