



## **Patient Information and Consent Form for Acupuncture**

**The following information is to help you understand the acupuncture procedure. Please read this information and discuss with your practitioner you have any questions or concerns.**

### **What is acupuncture?**

Acupuncture is a therapeutic method used to encourage natural healing, reduce or relieve pain and improve function of affected areas of the body. It involves the insertion of very fine needles through the skin and tissue at specific parts of the body.

### **How does it work?**

Acupuncture stimulates the body to produce its own pain relieving chemicals called Endorphins. Endorphins help to block the pathways that relay pain messages from the body to the brain resulting in pain relief. It improves energy and biochemical balance thereby stimulating the body's natural healing abilities, decreasing inflammation and promoting physical and emotional well-being.

### **Are there any side effects?**

Acupuncture is a very safe modality, however the following are possible side effects that you may experience:

- minor bleeding or bruising
- temporary aggravation of symptoms (in less than 3% of patients)
- fainting (can occur in certain patients, particularly on the first treatment)
- we only use sterile, disposable needles in our clinic to minimize any risk of infection

**Does it hurt?**

People experience different sensations with acupuncture. Most feel only minimal discomfort when the needle is inserted. Once the needles are in place there should be no significant discomfort. Some people report an “achy” sensation along the meridian (pathways of energy in the body) being stimulated but it does not usually linger.

**Is there anything your practitioner needs to know?**

Your practitioner needs to know:

- if you are pregnant or there is a possibility that you may be pregnant
- if you have a pacemaker or any other electrical implant
- if you have a bleeding disorder
- if you are taking anti-coagulants (blood thinners)
- if you have any risk of infection

**Statement of Consent**

I confirm that I have read and understood the above information including the risks and benefits of acupuncture and I consent to treatment. I understand that I can refuse treatment at any time.

Signature: \_\_\_\_\_

Print name in full: \_\_\_\_\_

Date: \_\_\_\_\_