

ACUPUNCTURE
Patient Questionnaire and Consent Form

1. Have you been on any medications (esp. steroid nose spray, inhalers, prednisone, blood thinners, anti-coagulants) during the past 3 months? Yes No
If yes, what?

2. Do you bleed or bruise easily or have a genetic clotting disorder? Yes No

3. Do you have a pacemaker, or any other objects surgically implanted into your body? No Yes

4. Do you faint easily? No Yes

I, the undersigned, hereby authorize and direct Dr. Jill House to administer Acupuncture that involves the insertion of needles at one or more points in the body. The needles are single use, surgical steel and sterile. Risks are very low, but could include soreness at one or more needle sites, or bruising. Risk of infection is less than that of a papercut and in my 20 years of practice has never occurred.

Best to prepare for an acupuncture treatment by not wearing strong perfume/cologne, eating something within 4 -6 hours prior but don't stuff yourself. Drink lots of water but not right before the session as you need to lie still for up to 30 min. Please refrain from alcohol, nicotine and caffeine for as long as possible before a session.

Acupuncture points are located all over the body. The Doc will describe where the points she chose to help you most are located on the day of the visit. If you have an aversion to needles in a certain area, ask about laser or electric acupressure as an alternative.

All my questions have been answered to my satisfaction prior to the first treatment and I further understand that I may ask any other questions at any time in the future.

I understand that in no manner have I been warranted or guaranteed a beneficial result from the acupuncture treatment.

I have read the above statements, and I consent to the use of acupuncture and realize it is an alternative treatment, and not the standard in the medical community. MDs are however doing a similar treatment now called "Dry Needling" as studies have shown it to be beneficial and more than a placebo effect.

Patient's Name Printed

Signature

Date : _____

Doctor's Signature