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Informed Consent for Anatomical Acupuncture

Please read the following carefully:

I _____, hereby request and consent to the administering of anatomical acupuncture and other ancillary techniques as deemed appropriate by my treating physiotherapist. Acupuncture has been explained to me as a safe therapeutic treatment performed by the insertion of single use, sterile, disposable needles. The needles are inserted through the skin into the underlying muscles and tissues at specific points on the body for the purpose of alleviating pain, improving mobility and re-establishing normal function. I have been informed that in all acupuncture treatments only sterile, disposable needles are used according to the Clean Needle Technique protocol, to ensure the safest acupuncture treatment possible. Ancillary techniques of acupuncture as mentioned above may include the following: • Electro-acupuncture – acupuncture needles are electrically stimulated at various frequencies to increase therapeutic benefit

I understand that there is the possibility of temporary complications that may result from an acupuncture treatment, which include, but are not limited to, minor bleeding or bruising, minor pain or soreness, nausea, weakness, fatigue, fainting, or aggravation of existing symptoms for a short time. I understand certain risks (but rare) of anatomical acupuncture include: infection, a stuck needle, pneumothorax. I understand that if there are any particular risks that apply to my case, my physiotherapist 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 physiotherapist of any changes regarding the following: • Pregnancy • Local Infections • Seizure disorder (i.e. Epilepsy) • Pacemaker • Elevated risk of infections • Bleeding disorders or currently taking anti-coagulant medication Please list if any of these conditions apply to you:

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 understand that I can refuse treatment at any time.

Patient Name (Print)

Patient Signature

Date

Witness Name (Print)

Witness Signature

Date