



Acupuncture Consent Information

This is to ensure that the undersigned understands that during the applications of acupuncture and Traditional Chinese Medicine (TCM), there are possible risks involved with treatment.

Possible reactions include:

- 1) Bruising: it is sometimes common for people to experience slight bruising after the acupuncture treatment or a few days after an acupuncture treatment has occurred. This can also include a hematoma. When using moxibustion or cupping, it is also possible to experience a discolouration of the skin in and around the treatment sight.
- 2) Fainting: it is also common for people to experience fainting while receiving acupuncture. To ensure there is a reduced amount of fainting, we ask our patients to eat around 1-2 hours before treatment. (fainting, in these cases, is mostly due to reduced sugar levels)
- 3) Nausea: a feeling of nausea is sometimes common for some people. The feeling usually passes shortly after the needles are in. If nausea continues, the treatment will stop until the patient is ready to continue.
- 4) Pneumothorax: pneumothorax is when a needle punctures the lung. Although this rarely happens with a qualified practitioner, there are cases that have been reported.
- 5) Risk of infection: infection is very rare when disposable needles are used. The Clean Needle Technique (CNT) protocol greatly reduces the risk of infection and is both practiced and monitored at Balance Integrated Healthcare.
- 6) Stuck Needle: a stuck needle can happen if the needle is placed incorrectly or the muscle fibers grip on to the needle. This is easily corrected by either relaxing the muscle, or waiting for the patient to relax until the needle is able to come out.
- 7) Spontaneous Miscarriage: a spontaneous miscarriage could happen if certain herbs or acupuncture points are used that have been contraindicated for use during pregnancy. The practitioners at Balance Integrated Healthcare have been trained to identify which herbs and acupuncture points should not be used when someone is pregnant or when someone suspects a possible pregnancy.

I understand that if I do not check off the following boxes I will receive the following:

- Please DO NOT send me the monthly Balance Integrated Healthcare Healthy Insights newsletter (find out about a new health topic every month) written by one of the practitioners at Balance Integrated Healthcare. (email required).
- I would NOT like to receive email/mail notices of promotions and special offers from Balance Integrated Healthcare (helps you stay on top of all the events at Balance Integrated Healthcare including upcoming seminars/workshops and newly acquired services!)

I hereby agree to Balance Integrated Healthcare collecting, using and disclosing personal information about me only with my expressed written authorization.

Signature

Name (please print)

Date

Notes (office use only)
