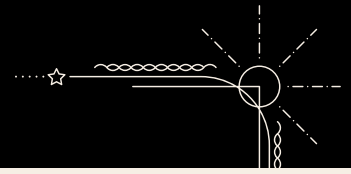


ACUPUNCTURE CONSENT TO TREAT



Name _____

Date _____

Address _____

Phone number _____

Insurance Company _____

Emergency Contact _____

ID/Group Number _____

Phone number _____

Age	Gender	Date of birth	
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Description of Treatment

Acupuncture involves the insertion of fine needles into specific points on the body to regulate the flow of energy, promote healing, and restore balance. It may also include additional techniques such as cupping, moxibustion, or electroacupuncture.

Practitioner Signature

Potential Risks

While acupuncture is generally safe, potential risks include minor bruising, soreness, or bleeding at the needle sites. Serious risks, though rare, may include fainting, pneumothorax, or infection. Some points are contraindicated with pregnancy, so please let your practitioner know if you are pregnant or hope to become so.

Expected Benefits

Acupuncture has been known to relieve pain, reduce stress, improve digestion, and promote overall well-being. However, results may vary from person to person.

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Payment and Insurance Information

Payment for services is due at the time of treatment. If paying by cash, the full amount must be provided at the time of service. For patients using insurance, please provide the necessary information prior to treatment to allow for billing.

Patient Rights

As a patient, you have the right to ask questions and discontinue treatment at any time. You may also request additional information about the procedures and their effects.

Consent

I, the undersigned, have read and understand the information provided in this consent form. I agree to receive acupuncture treatment and any other related procedures as explained to me.

Patient Signature	
Practitioner Signature	
Date	

