

New West Wellness Centre

Patient Information and Consent Form

To our patients: There are many questions on the accompanying form, and some of them might sound unusual or personal to you. Traditional Chinese Medicine is a holistic form of medicine, and as such, it is important to get a complete picture of how you feel. Please be assured that all information on this form is confidential.

What is Acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments.

Does acupuncture have side effects?

You need to be aware that:

- drowsiness occurs after treatment in a small number of patients, and if affected, you are advised not to drive;
- minor bleeding or bruising occurs after acupuncture in about 3% of treatments;
- pain during treatment occurs in about 1% of treatments;
- symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign;
- fainting can occur in certain patients, particularly at the first treatment or with patients who are hungry.

What are the possible side effects of other Treatments provided at this clinic?

Bruising (looks like a circular hickey) is a common side effect of cupping.

Is there anything else your acupuncturist needs to know?

Apart from the usual medical details, it is important that you let your acupuncturist:

- if you have ever experience a fit, faint, or other odd detached sensations;
- if you have a pacemaker or any other electrical implants;
- if you are pregnant or trying to get pregnant;
- if you have a bleeding disorder;
- if you are taking anti-coagulants (blood thinners) or any other medication;
- if you have damaged heart valves or have any other particular risk of infection.

Single-use, sterile, disposable needles are used in the clinic.

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Statement of Consent

I confirm that I have read and understood the above information, and I consent to having acupuncture and Chinese Medicine treatments and procedures from this clinic. I have read the possible risks of treatment outlined above, but do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment. I also understand that I can refuse treatment at any time.

I wish to rely on my acupuncturist to exercise judgment during the course of treatment which, based upon the facts then known, is in my best interest. I understand the acupuncturist may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below I show that I have read this document, understand it, and intend this form to cover the entire course of treatment for my present condition and further conditions for which I seek treatment.

Signature

Signature of parent or guardian
(if applicable)

Date: _____

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Name _____
Birthdate _____
Address _____
Home Phone # _____ Work # _____
Cell # _____
E – mail _____

Contact Person in Case of Emergency (name, phone #, relationship to you)

Chief Concern

Please list your main reason/s for coming here today :

How long have you had this problem?

Is there anything which makes this problem better?

Is there anything which makes this problem worse?

History & General Information

Many Questions refer to a 0-10 grade for an issue – in these cases, 0 means it is not a problem at all, and 10 means that it is a very big problem.

Have you ever seen a Acupuncturist before? Yes No

Have you ever seen any other kind of alternative medicine practitioner?

How healthy would you consider yourself (0 – 10) ?

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Have you ever had any accidents? Please describe when and what kinds:

Have you ever had anaesthetic? Yes No # of times:

Have you ever had any surgeries? Please list:

Have you ever been in any accidents? Please list

Have you ever been diagnosed with low or high blood pressure?
High Low Current Concerns Past Problems

Are you currently taking any prescription medications or recreational drugs? Please list.

Do you smoke or drink? If so, how much and how often?

Do you have any allergies? Please list:

