Integrative Wellness Clinic
7959 Broadway Street, Suite 602
San Antonio, TX 78216

ACUPUNCTURE CONSENT FORM

Acupuncture means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body.

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

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 acupuncturists about this, but it is usually a good sign;
Although rare, fainting can occur in certain patients, particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Apart from unusual medical details, it is important that you let your practitioner know:
If you have a pacemaker or any other electrical implants;
If you have a bleeding disorder;
If you are taking anti-coagulants or any other medication;
If you have a damaged heart valve or have any other particular risk of infection.

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

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time.

Signature: __________________________________________

Printed name: ______________________________________  Date: ________________