



BODY BALANCE ACUPUNCTURE

INFORMED PATIENT CONSENT FORM FOR EYE PATIENTS

Patient's Name: _____

DOB: ____/____/____

Have you informed the patient of the following information?

Aims of Treatment:

What is Acupuncture?

How safe is Acupuncture?

Side Effects of Acupuncture.

- Drowsiness
- Minor bleeding or bruising
- Pain during treatment
- Existing symptoms can get worse after treatment
- Fainting

Needles Used

Has the Patient Eaten ?

Giving Blood

Medical Conditions

- Experienced fit, faint or funny turn
- Pacemaker or other electrical implant
- Blood disorder
- Steroids, anticoagulants or other medication
- Cardiac condition
- Risk of infection
- Pregnancy
- Blood pressure
- Diabetes
- Epilepsy
- Allergies



Eye Condition

**I am aware of my eye condition ,which was diagnosed as
..... in Right eye /Left eye/Both. It was
explained to me fully about the treatment of my eye condition with acupuncture,
and other lifestyle changes, about the prognosis, with no promises made, and I, of
my own willingness give consent for undergoing this treatment.**

Informed Consent:

Signature _____

Date: ____/____/____

Place: