



BODY BALANCE ACUPUNCTURE
INFORMED PATIENT CONSENT FORM

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

Informed Consent:

Signature _____

Date ____/____/____

Place: