



1STOP HEALTHCARE CLINIC

688 MAJOR MACKENZIE DR. EAST,
RICHMOND HILL, O.N., L4C 1J9
TEL:(905)884-2223 FAX:(905)883-1793
WWW.1STOPHCC.COM

Patient Information and Consent Form For ACUPUNCTURE Treatment

“Acupuncture” means the stimulation of a certain point or points near the surface of the body via the insertion of thin 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 also often serves in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture, manual stimulation, cupping, Tui Na Massage, and/or moxibustion.

The potential benefits: acupuncture may allow for the painless relief of one’s symptoms without the need for drugs, and improve balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problems.

Potential risks: slight pain or discomfort at the site of needle insertion, infection, bruises, weakness, numbness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment. Cupping almost always causes bruising. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax).

Herbal Remedies: The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I experience any of the above-mentioned side effects or if I become pregnant.

Use of Disposable Needles: To reduce the possibility of infection from acupuncture, all needles are pre-sterilized, one-time-use needles made of surgical stainless steel needles. After each treatment they are disposed of as medical waste, needles are never reused. Additionally, your acupuncturist has had training in Clean Needle Technique and Universal Precautions.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent. I understand that it is my responsibility to inform the practitioner of all current medications, herbs and supplements that I take. In addition I will inform the practitioner of any pace makers, artificial implants, addictions, and allergies I have as they may affect the treatment plan.

By voluntarily signing below, I show that I have read, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Printed Name	Date	Patient Signature
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Witness	Date	
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