



## Southwell Acupuncture Clinic information and consent form

Name

Date of birth

### Contact details

Address

Home tel.

Mobile tel.

Post Code

Work tel.

email

Practitioner's name

BACc mem no.

### Medical information

Do you (Does the patient, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any condition or illness such as heart/blood pressure problems, epilepsy, blood/bleeding disorders, diabetes or allergies ?

Do you take any regular medication including anti-coagulants?

Please detail below any other medical details that may be relevant, i.e if you have ever experienced a fit or fainting, if you have a pacemaker or other electronic device, are aware of any particular risk of infection?

### Information on acupuncture

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body. Side effects may include drowsiness, minor bruising or fainting but these are generally rare. All needles are sterilised and single use. This means the risk of infection is minimal.

Occasionally symptoms may worsen temporarily, this is usually a good sign.

Moxibustion may be used during treatment, this involves a smouldering herb which is used to warm Acupuncture points either with or without a needle present.

Massage may also be used during treatment.

Electro-Acupuncture may be used, this involves a mild current moving between two needles using an electro-acupuncture machine. This can feel similar to a tens machine.

Your practitioner will take a full case history and perform any necessary examination in which they will decide the best course of treatment for you, please make it known to the practitioner if you are uncomfortable with any part of this and make them aware if you require a chaperone. Please raise any concerns you have regarding any aspect of treatment with the practitioner.



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### Declaration

I declare that the information I have provided on medical history is correct to the best of my knowledge and hereby give consent for acupuncture to be carried out by the named practitioner. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for acupuncture. I give consent to the practitioner to retain the details provided on this form for a period of 7 years from today.

Signature of patient \_\_\_\_\_ Date

Signature of practitioner \_\_\_\_\_ Date  Time  :  am/pm

### Consent

Where patient is under 16 years old, details and consent of parent or guardian:

Name   
Address

Relationship to patient   
Home tel.

Proof of ID provided? Y ☐ N ☐

Signature of parent or guardian \_\_\_\_\_ Date

Signature of practitioner \_\_\_\_\_ Date