

Acupuncture Treatment Consent Form

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I or the person listed below, Have discussed with my traditional Chinese Medicine Practitioner or Acupuncturist, the specifics of my assessment or my treatment and understand the nature, risks and reasons for this procedure. I voluntarily consent to traditional Chinese medicine/Acupuncture and understand that I may withdraw my consent and halt my participation.

1. I understand that some of the techniques used under the scope of Traditional Chinese Medicine include the use of sterile, single use needles to penetrate the skin. Additional methods can include but are not limited to; acupressure, acupuncture, cupping, moxibustion, guasaha or tunia massage. Before any of these procedures are performed, my practitioner will discuss any treatment options and only proceed if my full consent is given.
2. My Practitioner has informed me of the risks and symptoms of treatment, which can include but are not limited to: sight pain, light headedness, nausea, bruising, bleeding or discoloration of the skin and the possibility of other unforeseen risks. I freely accept the risks involved with my procedure.
3. I will inform my practitioner if I currently have or develop any major health issues or if I suffer from any type major bleeding disorder or use a pacemaker.
4. I understand that I must let my practitioner know if I am carrying or believe to have any infectious agents, including but not limited to HIV, Hepatitis or TB. In some cases where cross infection is high, my practitioner may withhold treatment.
5. I understand that there are no guarantees for the results of my treatments. Traditional Chinese Medicine does not in some cases provide an instant cure. The length of my treatment depends on the severity of my condition. In some cases my condition may worsen before they improve.
6. I understand that the fees charged for my treatment are not covered by OHIP and must be covered in full by myself which I am responsible to submit to a third party insurance. I am responsible for prompt payment after the service has been rendered.
7. I have discussed the consent of this form with my practitioner. I acknowledge that I have asked any questions I may, and have understood all my obligations. By signing this form, I give my full informed consent for Traditional Chinese Medicine Treatments.

Patient Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____