

**Patient Information, Contact and Consent Form**

Welcome to Chameleon acupuncture and wellness . We are delighted to have you as a patient and look forward to providing you with the highest quality care. Please take a minute to read the information below carefully, and ask your practitioner if there is anything that you do not understand. While acupuncture, myo-fasica taping, massage and other treatments provided by this clinic have proven to be highly effective in correcting conditions and maintaining overall well-being, practitioners are required to advise patients that the following side effects could occur. If there are particular risks that apply in your case, your practitioner will discuss these with you.

**What is acupuncture?** Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body. Some treatments may also involve a smouldering herb called ‘moxa’ to warm these points.

**Is acupuncture safe?** Acupuncture practiced by a properly trained practitioner is a very safe therapy. Serious side effects from treatment are very rare – less than one per 10,000 treatments. The needles used are single-use, sterile, disposable needles only. Your practitioner will follow strict guidelines laid down by the Scottish Executive and the British Acupuncture Council and developed by the leading experts in the field of skin piercing.

**What are the possible side effects of acupuncture?**

You need to be aware that:

* Drowsiness can occur in a small number of patients, and if affected, you are advised not to drive.
* Minor bleeding or bruising can occur from acupuncture (in about 3% of treatments).
* Some bruising can occur with certain massage techniques.
* Pain during treatment occurs in about 1% of treatments.
* Symptoms may become worse before they improve for 1-2 days following treatment. This is usually a good sign. Please advise your acupuncturist if worsening of symptoms continues for more than 2 days.
* Although rare, fainting can occur in certain patients, particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

**Blood Donation:** Patients receiving acupuncture should wait 4 months from their last Acupuncture treatment before donating blood. Please do not worry, this is just and extra precaution that has recently been established due to acupuncture not being statutory regulated as yet. All needles used are sterile, disposable and safe. All British Acupuncture Council Members observe a strict code of practice, which governs their standard of care and level of conduct.

**Is there anything your practitioner needs to know?** Apart from the usual medical details, it is important that you let your practitioner know:

* If you have ever experienced a fit, felt faint or had a funny turn.
* If you have a pacemaker, or any other electrical implants.
* If you are pregnant.
* If you have a bleeding disorder.
* If you are taking anti-coagulants or any other medication.
* If you have damaged heart valves or have any particular risk of infection.
* If you experience any unusual symptoms after treatment, or if you are concerned about any aspects of the treatment you have received, please contact your practitioner as soon as possible.

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| **Cancellation Policy:** Please give Chameleon acupuncture and wellness sufficient notice if you wish to cancel or rearrange your appointment. Appointments cancelled within 24 hours may be charged at full fee. Chameleon acupuncture and wellness attempts to keep costs as low as possible and as such a strict policy must be maintained.  **Statement of Consent:** I declare that the information I have provided on medical history above is correct to the best of my knowledge and hereby give consent for acupuncture to be carried out by Mrs Vikki Harrison-Edwards, I confirm that I have been provided with written information on the potential complications associated with the procedure, appropriate aftercare advice for acupuncture. I give consent to Chameleon acupuncture and wellness 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 |  | |
| **Where patient is under 16 years old, details and consent of parent or guardian:**   |  |  | | --- | --- | | Name: |  | | Address: |  | | Telephone: |  | | Relationship to patient: |  | | Proof of ID Provided | Y/N | | Signature of Parent or Guardian: | Date: | | Signature of Practitioner: | Date & Time: | |