

**Acupuncture Informed Consent**

**Practitioner: Maria Chan Wai Shields, RMT**

**I, \_\_\_\_\_, have discussed with my Massage Therapist, certified in the modality of medical acupuncture the specifics of my treatment and understand the nature, risks and reasons for this procedure. I voluntarily consent to the use of Acupuncture as a modality in my treatment and understand that I may withdraw my consent and halt my participation at any time.**

1. I understand that some of the techniques used under the scope of massage therapy; include Acupuncture with the use of sterile, single-use, stainless steel needles to penetrate the skin. Additional treatment methods can include, but are not limited to: acupressure, and the electrical stimulation of needles. Before any of these procedures are performed, my practitioner will discuss my treatment options and only proceed if my consent is given.
2. My practitioner has informed me of the risks and symptoms of treatments, which can include, but are not limited to: slight pain, light-headedness or nausea, soreness, bruising, bleeding or discolouration 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, if I suffer from any type of major bleeding disorder, if I become pregnant, or if I use a pacemaker or a mechanical heart valve.
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, TB and Hepatitis. 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. Acupuncture does not often provide an instant cure. The length of my treatment depends on the severity of my condition. In some cases my symptoms may temporarily worsen before they begin to improve.
6. I understand that the fees charged for my treatment are not covered under OHIP and must be covered in full by myself or through third party insurance. I am responsible for the full and prompt payment after services have been rendered.
7. I have discussed the content of this form with my practitioner. I acknowledge that I have asked any questions I may have and received answers I understand. By signing this form, I give my informed consent for Acupuncture treatments under the scope of practice of the above mentioned Massage Therapist.

**Client Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_**