



Acupuncture Consent Form

Acupuncture involves inserting sterile needles into specific points on the skin and is generally safe, with serious side-effects being very rare. People may react to acupuncture differently, with some feeling slightly drowsy or relaxed during or after the session. For more information, visit www.aacp.org.uk/what-is-acupuncture

Intended benefits of treatment

- Reduction of pain
Alleviation of muscle spasm and tension
Facilitation of the healing process
Induction of local and general relaxation
Promotion of general well-being
Improvement of sleep pattern

Possible adverse side effects

- Bleeding and Bruising (3%)
Mild aggravation of symptoms (3%, of which 70-85% show subsequent improvement)
Mild Pain at the needle site (1%)
Drowsiness (1%)
Dizziness (0.6%)
Pain not at needle site (0.5%)
Nausea (0.3%)
Feeling faint (0.3%)
Stuck or bent needle (0.1%)
Headache (0.1%)
Allergy or infection (up to 0.2%)
Pneumothorax (shortness of breath) (0.0002%/ less than 2 per 1 million)

If you notice any the side effects or anything unusual about your health following treatment, contact your physio or GP as soon as possible.

As Acupuncture will promote chemical effects on the body, it is important that you let your therapist know if you have the following:

- Have you had Acupuncture before? Yes No
If so, did you have any adverse reaction from it? Yes No N/A
Do you have a phobia to needles? Yes No
Ladies only – Are you pregnant or trying to conceive? Yes No
Do you have, or have you ever had any form of cancer? Yes No
Do you have any history of blood disorders? (Hepatitis, HIV/AIDS, blood clotting disorders) Yes No
Do you have any allergies or sensitivities, especially metal/alcohol? Yes No
If so, to what?
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Have you ever suffered from fits/epilepsy? Yes No
Are these controlled on medication? Yes No N/A
Do you have a pacemaker or electrical implants? Yes No
Do you suffer from diabetes? Yes No
Is it controlled with medication? Yes No N/A
Have you eaten in the last two hours prior to acupuncture treatment? Yes No
Do you suffer from any heart conditions? Yes No
Is this controlled? Yes No N/A
Is there any other medical history and medication of which the therapist should be aware? Yes No
If so, to what?
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Do you donate blood? Yes No

I confirm I have answered the questions honestly and to the best of my knowledge. I understand what acupuncture will involve, the intended benefits, possible side effects, and give my consent.

Patient signature Date

Patient name (print in full)