

**ACUPUNCTURE CONSENT FORM**

Your physiotherapist should have provided you with an information leaflet regarding Acupuncture.

Acupuncture involves the insertion of fine, sterile needles into specific points on the skin. Acupuncture is generally very safe. Serious side-effects are very rare – less than 1 per 10,000 treatments. Individuals react to Acupuncture in varying ways, depending on whether they are what is known as a ‘strong reactor’ or not.

In general, Acupuncture may make patients feel slightly drowsy/relaxed. This can occur during the session for the strong reactors, or later the same day. Some people may not experience it at all. This does not necessarily mean that Acupuncture won’t work. Many patients sleep very heavily on the same night as their first treatment. For more information go to [www.aacp.org.uk](http://www.aacp.org.uk)

You need to be aware that:

- Fainting can occur in certain patients, particularly in the first treatment.
- Existing symptoms can get worse after treatment (less than 3% of patients). You should tell your Physiotherapist about this but it is usually a good sign.
- Pain during treatment occurs in about 1% of treatments.
- Minor bleeding or bruising occurs after Acupuncture in about 3% of treatments.
- Excessive drowsiness occurs after treatment in a small number of patients, and if affected you are advised not to drive.
- Single-use, pre-sterilised disposable needles are used in this clinic.

***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? If so, did you have any adverse reaction from it?	Yes	No
Ladies only – Are you pregnant? Are you actively trying to become pregnant?	Yes Yes	No No
Do you have any history of blood disorders? (Hepatitis/haemophilia/blood clotting disorders)	Yes	No
Do you have any allergies or sensitivities or specific metal allergies? If so, to what	Yes	No
Have you ever suffered from fits/epilepsy? Are these controlled on medication?	Yes Yes	No No
Do you have a pacemaker or electrical implants?	Yes	No
Do you have diabetes? Is it controlled with medication?	Yes Yes	No No
Have you eaten in the last two hours?	Yes	No
Do you suffer from any heart conditions? Is this controlled?	Yes Yes	No No

Is there any other medical history and medication of which the therapist should be aware?

**If you give blood please let your therapist know.**

**Please sign to indicate that you have had the procedure of Acupuncture explained to you, and that you consent to treatment.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_