

Appendix 2

Informed Consent for Acupuncture Care

Please read carefully

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture if necessary, including: needling, moxibustion, cupping, gua sha, laser acupuncture, electro-acupuncture, and other techniques within the scope of practice of registered acupuncturists.

The registered acupuncturist named below may perform these procedures and/or anyone working in this clinic, authorized by the registered acupuncturist named below, in accordance with the Alberta Acupuncture Regulation.

I have had the opportunity to discuss the nature and purpose of acupuncture care and other procedures or alternative care with the registered acupuncturist and/or with other office or clinic personnel. I understand that results are not guaranteed.

I further understand and I am informed that, as in all health care, in the practice of acupuncture, even though all needles are pre-sterilized and disposable, there are some risks to treatment including but not limited to temporary soreness, bruising, blistering, nausea, fainting, bleeding, infection and shock. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications and I wish to rely on the acupuncturist to exercise judgement during the course of the procedures which the acupuncturist feels at the time, based upon facts then known, are in my best interest.

I have read the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedure(s). I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Name of client (print)

Signature of client

Name of the Registered Acupuncturist

Signature of the Registered Acupuncturist

Date: ____/____/____

Witness: _____