



TEAM HEALTH FORCE

Mental Health Division

I, the undersigned, do hereby give my voluntary consent for administration of medical acupuncture deemed appropriate by my treating therapist.

I acknowledge that acupuncture has been explained to me as a therapeutic treatment performed by the insertion of single use, sterile, disposable needles. The needles are inserted through the skin, into the underlying muscle and tissue at specific points on the body for the purpose of alleviating or improving signs and symptoms and or conditions requiring acupuncture.

I acknowledge that Jemal Anderson RMT Dac has explained the following to me:

- ❖ the nature of the treatment
- ❖ the expected benefits of the treatment
- ❖ alternatives to having the treatment
- ❖ the likely consequences of not continuing with the treatment

I understand that there is a possibility of temporary complications which may result from the acupuncture but not limited to:

- ❖ minor bleeding
- ❖ minor bruising
- ❖ soreness
- ❖ fatigue

On rare occasion an individual may experience:

- ❖ aggravated symptoms
- ❖ infection
- ❖ convulsion
- ❖ stuck needle

I do not expect the therapist to be able to anticipate and explain all possible risks and complications. I wish to rely on the therapist, to exercise proper judgement during the course of the treatment. To make decisions based on my best interests. I accept the fact that there is no guarantee of the effectiveness of the treatment. I am aware that I may withdraw this consent and discontinue treatment at any time.

I hereby certify that I have read the above information and have had my questions answered to my satisfaction.

By signing below, I agree to above mentioned acupuncture treatment.

Name: _____

Date: / /

Signature: _____