

Personal Details: Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No: \_\_\_\_\_

No. of Children & age \_\_\_\_\_ Occupation: \_\_\_\_\_

GP/ therapist name and address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No: \_\_\_\_\_

How did you hear about Holistic Ealing: \_\_\_\_\_

Have you had acupuncture before Yes/No If yes when was the last treatment: \_\_\_\_\_

What is your main complaint:

## **Consent Form**

Informed Consent for Acupuncture Treatment

I \_\_\_\_\_ hereby agree and consent to the performance of acupuncture and other Oriental Medicine procedures. I understand that such procedures may include: acupuncture, vessel pricking, acupressure, electro acupuncture, moxibustion, cupping & Gua-Sha, laser pen, exercise therapy and nutritional counselling based on traditional Chinese medical theory.

**Acupuncture** practiced by a properly trained practitioner is a very safe therapy. Serious side effects from treatment are very rare – less than one per 10,000 treatments. The needles used are single-use, sterile, disposable needles. Your practitioner will follow strict guidelines laid down by the Association of Acupuncture Clinicians (AAC) and developed by the leading experts in the field of skin piercing.

**What are the possible side effects of acupuncture?** You need to be aware that:

- Drowsiness can occur in a small number of patients, and if affected, you are advised not to drive.
- Minor bleeding or bruising can occur from acupuncture (in about 3% of treatments).
- Pain during treatment occurs in about 1% of treatments.

- Symptoms may become worse before they improve for 1-2 days following treatment. Please advise your acupuncturist if your symptoms feel worse and continue for more than 2 days
- Although rare, fainting can occur in certain patients, particularly at the first treatment. Please make sure you have a light meal/snack prior to the treatment.

I understand that I should not make significant movements while the needles are being inserted, manipulated, retained, or removed. Acupuncture treatment is not a replacement for diagnostic medical procedures. An acupuncturist does not diagnose according to Western medical practice, nor should a “Chinese Diagnosis” be considered a replacement for standard medical evaluation or testing.

**Apart from the usual medical details, it is important that you let your practitioner know:**

- If you have ever experienced a fit, felt faint or had a funny turn.
- If you have a pacemaker, or any other electrical implants.
- If you are pregnant.
- If you have a bleeding disorder or are taking anti-coagulants or any other medication.
- If you have damaged heart valves or have any particular risk of infection.
- If you experience any unusual symptoms after treatment, or if you are concerned about any aspects of the treatment you have received, please contact your practitioner as soon as possible.

**Moxibustion** is the application of indirect heat by burning a stick of compressed Folium Artemisiae vulgaris, commonly known as Mugwort, over acupuncture points. Possible side effects are discolouration of the treated area or small blistering.

**Cupping** utilizes round suction cups over a large muscular area (such as at the back) to enhance blood circulation to the designated area. Bruising-like changes on skin, or small blistering may appear and last up to a week to subside.

**Gua-Sha** is a form of Chinese massage in which an oil is applied on the skin a single use metal tool is being used to apply pressure and move down the muscles/along the acupuncture meridians to relieve pain and tension. This action may cause light “bruising like”, which often appears as purple or red spots known as petechiae or “sha” The discolouration normally clears within a week.

# Acupuncture



**Electroacupuncture** is a form of acupuncture where a small electric current is passed between pairs of acupuncture needles.

By voluntarily signing below I hereby certify that I have read this entire form, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions and that I consent to treatment with the modalities described above. I intend this consent form to cover the entire course of treatment to be performed for my present condition and for any future condition(s) for which I seek treatment.

Client's name (block capitals):	
Client's signature:	
Date:	

## **Data Protection:**

Holistic Therapy Ealing is legally required to record essential clinical information that we take from you during the initial consultation and each subsequent appointment to enable us to make an accurate diagnosis of your problem(s) and to formulate an appropriate treatment and management plan. These records are held on paper, not in electronic form, and you may request a copy at any time. Copies of any medical correspondence are stored in paper form and kept in a locked filing cabinet, accessible only to therapist at the Holistic Therapy Ealing. Statutory minimum storage times for medical records and associated correspondence are seven years after the date of the last appointment. Holistic Therapy Ealing may contact you with regards to your treatment plan, send you discussed materials, reminders, seasonal newsletter or offers. If you would not like Holistic Therapy Ealing to contact you, please tick here

Please note that once you have booked an appointment with Holistic Therapy Ealing, it means that the time has been reserved exclusively for you. If you cancel your appointment less than 24 hours before it is scheduled to take place, you will be liable to cover the appointment fee. You can cancel or reschedule an appointment by emailing [info@holistictherapyealing.co.uk](mailto:info@holistictherapyealing.co.uk) or texting 07899737421.

By signing the below, you are acknowledging that you have read and accepted this Data Protection Policy & Cancellation Policy and give consent to the practitioner to maintain records for the purpose outlined within the policy, as well as use your contact details to keep in touch

Client's name (block capitals):	
Client's signature:	

# Acupuncture



Date:	
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