



ACUPUNCTURE INFORMATION AND INFORMED CONSENT

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture on me by Ka Hang Leoungk, MBACc.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion and cupping.

Side effects such as local bruising, broken needles, pain at site of insertion, pneumothorax, spontaneous miscarriage are rare but possible. Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. **I will notify the practitioner if I am or become pregnant. I will notify the practitioner if I have a bleeding or other serious health disorder.**

I do not expect the practitioner to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgement during the course of treatment which the practitioner thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

All records will be kept confidential and will not be released without my written consent.

Payment in full is expected at the time of service. I understand that should I need to cancel an appointment, at least 24 hours notice will be given. I understand that I will be charged the full treatment fee for missed or cancelled appointments with less than 24 hours notice.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. 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.

ADDITIONAL INFORMATION FOR COSMETIC ACUPUNCTURE: I understand that cosmetic acupuncture can cause temporary localised bruising. The vasculature of the face is delicate, especially around the eye area. Given the nature of the treatment, capillary bleeding can occur. Whilst this is not detrimental to the objective of the treatment it can be visible in form of bruising for a number of days. To achieve maximum benefit in certain delicate areas of the face, bruising is sometimes unavoidable.

Patient (or guardian) signature and date

Patient printed name