SIMCOE PLACE HEALTH CLINIC

Acupuncture Consent

Acupuncture / Traditional Chinese Medicine

Personal Information

Last Name	First Name	Initial	Date of Birth (YYYY / MM / DD) Age:
Address	City		Sex ❑ M ❑ F
Province / Postal Code	Home No.	Work No.	Cell No.
E-mail	Primary care (medical physician)		
Occupation	Employer	#Hours Worked per Week	
How did you hear about Simcoe Place Health Clinic?			

Reason For Your Visit

What is your complaint? How long has it been?

Is your condition related to a specific event (accident, illness, etc.)? Please explain.

❑ Y ❑ N

Have you been treated by any other doctor for this complaint?

❑ Y ❑ N

If yes, by whom:

What type of treatment was rendered?

❑ Chiropractic ❑ Medication ❑ Physiotherapy ❑ Massage

❑ Steroids/Cortisone ❑ Injections ❑ Other:

Have you ever had this, or a similar condition before?

❑ Y ❑ N

If yes, what did you do to relieve this problem?

Have you had any of the following tests for your current complaint(s)?

❑ Blood test ❑ X-rays ❑ MRI ❑ CT

Name of doctor and/or office that ordered your test(s) and the approximate date:

Over ⇨

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Appointments

Appointment frequency and expected duration should be discussed with the doctor and scheduled appropriately with the receptionist. Please check in at reception each visit. It is important that you arrive a few minutes before each treatment time, in order to prepare.

Cancellations, Lateness and No-shows

If you need to cancel, informing us of your changed schedule as early as possible is appreciated. Any appointment cancelled with **less than 48 hours notice**, or **no-shows**, will be charged 50% of the treatment fee, to a maximum of $50 (which may not be covered by your Extended Health Care Plan). This is necessary to ensure proper respect for treatment times and the difficulty in re-scheduling with less than 48 hours notice.

Payment

Extended Health Care benefits vary depending on your insurance policy. Clients are responsible for full payment of their account at the end of each visit. Payment can be made by cash, debit or credit card.

Treatment Fees

Initial assessment and acupuncture treatment (60 minutes)	$120.00 + HST
Basic acupuncture (30 minutes)	$75.00 + HST
Extended Acupuncture (45 minutes)	$90.00 + HST
Facial Acupuncture (60 minutes)	$120.00 + HST
Relaxation Acupressure (Head, Face and Neck 30 minutes)	$60.00 + HST (not covered by insurance)

Personal Belongings

The clinic cannot be held responsible for loss or damage to personal belongings. Bring your belongings into the treatment with you in order to avoid the risk of loss. Thank you for your co-operation in the above matters.

I would like to receive clinic newsletters and case studies by email. Yes ☐ No ☐

Informed Consent to Assessment and Treatment

I hereby request and consent to the performance of physical assessment/ treatment procedures on me by the Traditional Chinese Medicine Practitioner. My consent is voluntary and I intend this consent form to cover the entire course of assessment/ treatment for my present condition, commencing on the date indicated below.

I understand that I may ask questions at any time regarding:

- What the assessment/ treatment is
- Who will be performing the assessment/ treatment
- The reasons why I should have the assessment/ treatment
- The alternatives to having the assessment/ treatment
- What potential risks and/ or side effects exist for the proposed assessment/ treatment

I understand that this consent may be withdrawn, in writing, at any time, except for actions already taken. I hereby request and consent to receive traditional Chinese medical treatments including acupuncture, herbal medicine, Tuina massage, and other related treatments. I acknowledge that the above treatment and all its ramifications have been fully explained to me. I also absolve the clinic and its practitioners if I experience from any unexpected results of the treatment. I further agree to not commence lawsuit of any kind against all parties mentioned.

The personal information that is gathered by us is not shared with any other practitioner on site and will remain confidential unless the patient consents to disclosure.

Patient Signature	Printed Name	Date		
		YYYY	MM	DD

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Consent to Acupuncture

This statement of consent pertains to the activities of a qualified registered acupuncturist.

I, ____ acknowledge that acupuncture is helping me through the use of sterile acupuncture needles. I understand that there is a possibility of bruising or minor bleeding throughout the treatment.

I understand that Herbal Therapy includes the use of herbal extracts or raw herbs, and I will not hold you accountable for prescribing. I understand that there is a possibility of minor discomforts such as abdominal upset, diarrhea, or insomnia as the reaction to the herbal therapy.

I understand that acupuncture and herbal therapy are not intended to take place of medical care or medications.
I understand that acupuncture or herbal therapy cannot predict the actual outcome or how long the effects will last.
I understand that I can discontinue my treatments at any time.

I will keep the acupuncturist updated on my physical condition.

Please read the following and sign below:

TCM (Traditional Chinese Medicine) modalities (acupuncture, herbal medicine, cupping, Tuina massage, etc.) are safe and effective for the prevention and treatment of a wide range of health conditions and for the promotion of general well-being. Although Acupuncture/TCM are helpful for many health conditions, it is not intended to replace any tests or treatments recommended by your physicians. Please continue your medications prescribed by your physician while you receive TCM services at this clinic.

TCM treatments are generally safe and effective. Occasional bruising, post needling sensation, or fainting may occur for some patients due to nervousness, hunger, or extreme tiredness. Occasional abdominal upset, cramping, diarrhea, insomnia, sweating, allergy or other symptoms may happen when taking herbal medicine although this can be the response of the body to the treatment. If you have any concerns please do not hesitate to ask.

Facial Acupuncture Only

I understand that I do not have any of the contraindications for Facial Acupuncture mentioned below:

- Heart disease
- Pacemaker
- Problems with bleeding or bruising
- Pregnancy
- High blood pressure
- Diabetes
- Former plastic surgery
- Severe migraine
- Herpes

Patient Signature	Date		
	YYYY	MM	DD

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Lifestyle (Diet, Exercise, Stress, Smoke, Drink, Other Substance Use)

Significant Illness, Disorders and Trauma

Current Medications

Pain and Numbness (Location, Duration, & Characteristics)

Gynecology
Age of Menses Began:
Age of Menopause:
Menstrual Cycle:
Duration of Flow:
Color & Amount of Flow:
PMS:
Vaginal Discharge & Color:
Vaginal Sores & Odor:
# of Pregnancies:
# of Live Birth:
# of Premature Birth:
Miscarriage, Abortion:
Date of Last PAP:
Date of Last Period:

Head, Face, & Neck

Body Temperature, Sweating & Skin

Respiratory & Chest

Appetite, Bowel Movement & Condition of Abdomen

Urination & Libido

Sleep

Energy

Emotions

Family History

Tongue and Pulse

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General Appearance, Smelling & Listening

Differentiation

Treatment Principles

Treatment Remedies