❀ Annapolis Acupuncture ❀

Consent Form

Name: _____

Address: _____

Telephone # Home: (_____) _____ **Work:** (_____) _____

I do hereby consent to be treated with acupuncture by Peter Hennig who is a board certified licensed acupuncturist in the State of Maryland.

I understand that acupuncture is performed by the insertion of sterilized, disposable, single-use only needles directly into specified points on the skin and may include the use of applied heat (moxibustion) and or other techniques (electrical stimulation, cupping, etc.).

I acknowledge that although acupuncture has a very low occurrence of side effects, certain adverse effects may result from treatment. These are but are not limited to slight bleeding, bruising or soreness at the site of insertion. Fainting is a rare occurrence but can happen if a patient has not eaten, is anxious or extremely fatigued.

I understand that there is no guarantee concerning the effect of the treatment provided to me and that I am free to discontinue treatment at any time.

I have been advised that acupuncture is not a substitute for Western Medical treatment and if I am currently under the care of a Physician for a specific condition, I should continue my care unless otherwise advised by my doctor.

I understand that if I am currently pregnant, attempting to conceive or later become pregnant, I will inform my acupuncturist prior to treatment. I understand that certain acupuncture points (i.e. abdominal points) used during treatment may be contraindicated during pregnancy.

I have carefully read and understand the aforementioned and am fully aware of what I am signing.

_____ _____

Patient Signature *Date*

_____ _____

Witness *Date*

Form C-1
Revised 2/02