

Informed Consent Form

The purpose of this form is to ensure that you, the patient, recognise your rights with respect to acceptance and refusal of the treatment you receive and your right to information about what is being offered, so that you are able to make an informed decision in respect of what information you disclose during the treatment sessions, and that you know for what purposes the information may be used.

As a patient you have a right to understand the treatment you receive, to choose at all stages whether or not to receive the treatment and to know the standards of confidentiality maintained by those providing your care.

By signing this form, you are agreeing to, and confirming that you understand and accept, the following:

- A qualified practitioner will be treating me and take the overall responsibility for my treatment.
- Any information I provide to my practitioner will be held in the strictest of professional confidence.
- I may ask for any information to allow me to understand any treatment I am offered, and my practitioner will inform me beforehand if a new treatment is to be used. I will advise my practitioner of any specific needs.
- Acupuncture involves the insertion of needles. I confirm that I do not have Trypanophobia (an extreme fear of needles).
- Moxibustion is a form of heat therapy that consists of burning the dried leaf of Moxa (Folium Artemisiae Aagyi) (which can generate smoke) on or above specific points on the body. I confirm that, to my knowledge, I do not have an allergy to Moxa, nor to smoke inhalation.
- Transcutaneous Electrical Nerve Stimulation (TENS Machines). These are used for pain relief, and are usually attached to acupuncture needles using two or more electrodes. I understand that I may ask my practitioner to explain the use of this machine, if it is to be employed during my treatment.
- I understand that if I am deemed to be under the influence of drugs or alcohol I may be refused treatment.
- I understand that the practitioner has the right to refuse me treatment, e.g. if it is felt that my medical condition requires onward referral.
- My practitioner will give me explanations as to any areas of my body that I may need to expose for treatment, and without coercion or pressure, I will be offered sufficient time to decline treatment should I wish.
- I understand that I may withdraw my consent for any procedure, treatment, or the use of any of my personal information at any time without the need to explain my decision.

If I do not turn up for my booked appointment or cancel within 48 hours of the appointment, I may be liable to pay the full fees for the appointment I have missed.

Declaration: I confirm that I have read and understand the above, I have had my proposed treatment explained to me, I understand what procedures will be used, and I give my consent to be treated in this manner. I confirm that all of the information that I have provided is true to the best of my knowledge and recollection. **I confirm that I am aged 18 years or over.**

Patient's Signature:

Print Name Date ____/____/____