CONSULTATION RECORD

SURNAME:		MOBILE:	
FIRST NAME:		EMAIL:	
DOB:	AGE:	. SEX	: Male / Female
NATURE OF PROBLEM:			
DURATION OF PROBLEM: Day	s / Weeks / Months / Yea	rs	
PAST MEDICAL HISTORY:	FAMILY HISTORY	Y :	
DO YOU HAVE ANY OF THE FOLLOWING	6? (please circle)		
ASTHMA / DIABETES / EPILEPSY / HIGH BLC	OOD PRESSURE / DISEASE OF	HEART VALV	'ES / PACEMAKER / ICD
DO YOU TAKE ANY MEDICATIONS?			
HAVE ANY ALLERGIES INCLUDING TO M	IEDICATIONS?		
SMOKER / NON-SMOKER / EX-SMOKER			
ALCOHOL USE IN UNITS PER WEEK:			
OCCUPATION:			

PATIENT INFORMATION AND CONSENT FORM

Please read this information carefully and ask me if there is anything that you do not understand.

What is Acupuncture?

Acupuncture is a form of treatment in which fine needles are inserted into specific points on the body.

Is Acupuncture safe?

Acupuncture is generally very safe. Serious side effects are very rare-less than one per 10,000 treatments. Single-use, sterile, disposable needles are used in the clinic.

Does Acupuncture have side effects?

You need to be aware that:

- Drowsiness occurs after treatment in a small number of people and this happens for you, you are advised not to drive.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- Pain during treatment occurs in about 1% of treatments.
- Existing symptoms can get worse after treatment (less than 3% of people). You should let me know about this, but it is usually a good sign.
- Fainting can occur in some people, particularly at first treatment.
- Pneumothorax (collapsed lung) is extremely rare (<0.0002%)
- Broken/stuck needles rarely occur (0.1%)

In addition, if there are particular risks that apply to you, I will discuss them with you before consent and treatment.

Is there anything I need to know?

- If you have ever experienced a fit, faint or funny turn
- If you have diabetes
- If you have a pacemaker, an electrical implantable device or implantable cardioverterdefibrillator (ICD)
- If you have a bleeding disorder or take medication to thin the blood (anti-coagulants)
- If you have damaged heart valves or heart valve replacements
- If you are or could be pregnant
- If you have recently had a course of chemotherapy

Statement of Consent

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time. I understand that my personal data will be held in accordance with the law and Rivendell Acupuncture Data Protection Policy (in line with GDPR). It will not be shared with anyone else.

Signature:	Full Name Printed:
Date:	