

Copley Acupuncture

Marcy White Lic.Ac., M.Ac.
667 Boylston Street 4th Floor
Boston, MA 02116
(617) 281-0797
www.Marcywhiteacupuncture.com

Patient Information Consent Form

Please read this information carefully, and ask your practitioner if there is anything you do not understand.

While acupuncture, Chinese medicine, and other treatments provided by this office have proven to be highly effective in correcting conditions and maintaining overall health and well-being, practitioners are required to advise patients that there may be some risks. Although practitioners cannot anticipate all of the possible risks and complications that may arise with each individual case, you should be aware that the following side effects can occur. If there are particular risks that apply to your case, your practitioner will discuss these with you.

What are the possible side effects that can occur with acupuncture?

- Drowsiness may occur in a small number of patients, and if affected, you are advised not to drive.
- Minor bleeding or bruising may occur from acupuncture.
- In a small percentage of patients, symptoms may become worse before they improve; this is usually a good sign. Please advise your acupuncturist if worsening symptoms continue for more than 2 days.
- Fainting may occur rarely, usually at the first treatment.

Is there anything my practitioner needs to know?

Apart from the usual medical details, it is important to let your practitioner know if you:

- Have ever experienced a fit, fainted or had other odd detached sensations.
- Have a pacemaker or other electrical implants.
- Are pregnant.
- Have a bleeding disorder.
- Are taking anticoagulants or other medications.
- Have a damaged heart valve or other risk of infection.

Cancellation Policy

In signing this form, I also understand and accept that the full appointment fee could be charged to my account if cancellation or rescheduling is not done 24 hours prior to the date of the appointment, and Copley Acupuncture is unable to fill that appointment.

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Statement of Consent

I confirm I have read and understood the above information, and I consent to having treatments and procedures from Marcy White Lic.Ac. I have read the possible risks of treatment outlined above, but do not expect the practitioner to be able to anticipate and explain all of the possible risks and complications of treatment. I also understand that I can refuse treatment at any time.

By voluntarily signing below I show that I have read this consent form, have been told about the risks and benefits of treatments provided by this office 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 further conditions for which I see treatment.

Print name in full

Signature

Date

