
ADVANCED CHIROPRACTIC & SPORTS CARE
ALLIANCE BACK & NECK CARE

INFORMED CONSENT FOR ACUPUNCTURE

Acupuncture involves the placement of sterile, disposable acupuncture needles into the body by one of the doctors in the clinic. All needles are disposed of immediately in a designated container after each patient by the doctor or a staff member. Needles are never sterilized and re-used in this office.

It has been explained to me that, as with any procedure involving the placement of a needle into the body, there may be common or usual results.

I understand the common effects include: aching, redness, soreness or small bruising for a few hours to a few days.

I understand the unexpected and uncommon effects include: prolonged pain, infection, nerve inflammation or prolonged bleeding.

Very rare results could include a collapsed lung if the needle placement sites are adjacent to lung tissue, bone infection or joint infection.

By signing below I have agreed to receive acupuncture and am aware that the practice of acupuncture is not an exact science. I acknowledge that no guarantees have been made to me about the results of this procedure.

Patient Name (please print)

Patients signature

Date