

## PATIENT CONSENT FORM

Please read this information carefully- your practitioner will take the time to answer any questions or concerns that you may have or if there is anything you do not understand.

While acupuncture, Chinese Medicine and other treatments provided by this clinic have proven to be highly effective in correcting conditions and maintaining overall well-being, practitioners are required to advise patients that there may be some risks. Although practitioners cannot anticipate all 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 in your case, your practitioner will discuss these with you.

What are the possible side effects of acupuncture?

- Drowsiness can occur in a small number of patients, and if affected, you are advised not to drive;
- Minor bleeding or bruising can occur from acupuncture;
- In less than 3% of patients, symptoms may become worse before they improve for 1-2 days following treatment. Please advise your acupuncturist if worsening of symptoms continues for more than 2 days;
- Fainting can occur in certain patients, particularly at the first treatment; it is important to eat before coming to
- Bruising (looks like a circular hickey) is a common side effect of cupping;

Is there anything your practitioner needs to know?

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

- If you have ever experienced a fit, faint, or other odd detached sensations;
- If you have a pacemaker or any other electrical implants;
- If you are pregnant;
- If you have a bleeding disorder;
- If you are taking anti-coagulants (blood thinners) or any other medication;
- If you have damaged heart valves or have any other particular risk of infection

Statement of Consent

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

*I wish to rely on my practitioner to exercise judgment during the course of treatment which, based up on the fact then known, is in my best interests. I understand the practitioner may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.*

*By voluntarily signing below I show that I have read this consent to treatment, have been told about the risks and benefits of treatments provided by this clinic, 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 seek treatment.*

Privacy Policy

*The information received and collected about our clients/patients from their visit to The Wellness Studio is strictly private and confidential. It is used and viewed only by the healthcare professionals and staff employed by The Wellness Studio, unless, in the best interest of the client/patient, a practitioner determines that there is a need to communicate with another person or healthcare professional outside of The Wellness Studio (also, The Wellness Studio will not give, share, sell or transfer any personal information to a third party unless required by law). Under absolutely no circumstances would this communication happen without the signed consent of the client/patient. The client/patient information will be stored both in digital and hard copy format on The Wellness Studio premises. On occasion, The Wellness Studio may use client/patient information to conduct clinical studies to help us improve upon services provided.*

\_\_\_\_\_  
Print patient’s name in full

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Print name of representative, if applicable

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Appointment Policy

Welcome to The Wellness Studio, we are delighted to have you as a patient and look forward to providing you with the highest quality care. In order to optimize your relationship with us, please take a minute to read our appointment policy.

Many of our clients are pleased to find out that we are usually on time. This is because a treatment room has been reserved for you, whereas most medical offices overbook by appointing several patients at the same time. That kind of scheduling provides the practitioner with a steady flow of patients but does not respect the patient's time.

Occasionally, there is a problem with patients who are not used to staying on schedule themselves. With that in mind, if you are going to be more than 15 minutes late, please call to let us know. A 24 hour notice for cancelled or rescheduled appointments is necessary in order to avoid a cancellation fee of \$85.00 (the full appointment cost). This allows us time to schedule another patient that would also benefit from treatment. This appointment policy allows us to develop a mutual consideration and respect for our time and yours.

My questions regarding the cancellation policy have been addressed.

Signed:

Date:

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