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ACUPUNCTURE CONSENT FORM

“Acupuncture” means the stimulation of a certain point or points on or near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), the moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemisia alone or artemisia formulations).

I have been informed that Acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been very rare instances reported of fainting, infection and scarring. There have been extremely rare instances of spontaneous miscarriage and pneumothorax. There may be some bruising after cupping and gua sha and in the rare circumstance burns and scarring are possible as well. I do not expect the Acupuncturist to be able to anticipate all risks and complications. I wish to rely on the Acupuncturist to exercise judgment during the course of the procedure which the Acupuncturist feels at the time, based on the facts then known, is in my best interests.

The potential benefits: acupuncture may allow for the painless relief of one’s symptoms without the need for medications or other invasive therapies, and improves the balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

“With this knowledge, I voluntarily consent to the above procedures.”

Printed Name

Patient Signature

Witness

Date