

CONSENT FOR ACUPUNCTURE

I _____ understand that acupuncture therapy is for energetic evaluation and balancing. I understand the acupuncturist does not diagnose an illness, disease, or other physical or mental disorders. Likewise, the acupuncturist does not prescribe treatment. It has been made very clear to me that this acupuncture therapy is not a substitute for medical examination and diagnosis and it is recommended that I see a physician for any physical ailment that I may have.

I understand that acupuncture therapy may involve the insertion of several sterilized and disposable needles into the skin and realized that occasional bruising, soreness and superficial bleeding may occur. I understand that no guarantee can be or is made concerning the success of the therapy I will receive.

Having read and understood the above, I voluntarily consent to treatment with acupuncture and hereby release from liability for any results that may occur from known or unknown risks.

Signature _____ Date _____