

Patient Name _____

File # _____

Date _____

Acupuncture Questionnaire & Consent Form

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1. Have you been on any medications during the last two (2) months? Yes No
If yes, which ones? _____
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2. Are you now, or have you ever been, on blood thinners? Yes No
3. Have you ever taken cortisone or other drugs for arthritis? Yes No
4. Do you bleed easily? Yes No
5. Do you have a pacemaker or other device that has been surgically implanted into your body?
 Yes No
6. Have you ever had hepatitis or has your skin ever turned yellow? Yes No
7. Do you have an immunosuppressive disease (HIV)? Yes No
8. Do you faint easily? Yes No
9. Are you currently pregnant? Yes No

Acupuncture is an Oriental procedure. Please read the following statements that relate to this procedure. This is to comply with the guidelines of the FDA.

1. I, the undersigned, hereby authorize and direct **Dr. Coleen A. Denton** to administer or directly supervise the administration of acupuncture, which involves the insertion of needles or staples at one or more points in the body common to the Oriental forms of meridian therapy.
2. Heat treatment using the herb *Artemesia vulgaris* (moxibustion, "moxa") or a conventional heat lamp may be placed on or near any part of my body. For indirect moxibustion treatments, the moxa is placed on the head of the needle or barrier (such as a slice of ginger or salt) which rests on the skin. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from moxa treatments may involve slight discomfort or leave a small blister or scar on the skin. With any type of heat, there is a risk of burn.
3. All my questions have been answered by the **Dr. Coleen A Denton** prior to my first treatment. I further understand that I may ask additional questions at any time on future visits.
4. I understand that in no manner have I been warranted or guaranteed a beneficial result from the acupuncture treatment.

I have read the above statements and I consent to the use of acupuncture.

Patient's Signature