

Focus Physical Therapy & Wellness Center

193 Bellevue Avenue
Upper Montclair, NJ 07043

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).

The potential risk: slight pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment.

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

Translator Signature

(I attest that to the best of my knowledge, the above information has been translated and understood by the patient name above.)

Date