

Acupuncture Consent to Treatment

Patient Name

Date of Birth

Information

I hereby voluntarily consent to be treated with acupuncture and related techniques by the licensed practitioner. I understand that acupuncture may include the insertion of needles, as well as additional therapies including but not limited to cupping, moxibustion, and manual therapies. Possible risks include but are not limited to minor bleeding, bruising, soreness, or infection.

I have the right to ask questions and be informed about my treatment, including the benefits, risks, and alternatives. I understand that results are not guaranteed. I may withdraw consent at any time.

- ☐ I have read and understand the information above.
- ☐ All my questions have been answered to my satisfaction.

Additional Comments or Concerns

Patient Signature

Date

Practitioner/Witness Signature

Date