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Informed consent for Constitutional Facial Acupuncture

This is an informed consent document for facial acupuncture treatments, outlining procedure and risks.

Constitutional facial rejuvenation acupuncture is a facial treatment that involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. Points throughout the body may also be utilized to stimulate the Qi (energy) flow throughout the entire body, thereby effecting a constitutional and not merely cosmetic treatment.

- ☐ Constitutional facial rejuvenation acupuncture is not a replacement for a surgical facelift but can increase facial tone, decrease puffiness around the eyes, bring firmness to sagging skin, enhance radiance of complexion and reduce the appearance of fine lines and wrinkles.

Personal Information

Name: _____

Date of First Visit: _____ PHN# _____

Birth Sex: ☐M ☐F Gender Identity: _____ DOB(D/M/Y): _____

Address: _____City, Province: _____Postal code: _____

Cell phone #: _____ Home phone #: _____

Email:_____ Confirmation: Email / Phone / Text

If you are under 18 years of age, please list the name, relationship, and contact information of the person who is legally responsible for you:

Name:_____ Relation: _____ Phone#: _____

Emergency Contact

Name: _____ Relation: _____ Phone #: _____

Health Screening

Please list any current health concerns and or diagnoses:

_____

_____

I acknowledge and declare that <u>I DO NOT</u> have the following contraindications for this treatment (please initial) _____

- ☐ Cancer
- ☐ Hepatitis
- ☐ AIDs
- ☐ Haemophilia
- ☐ Pituitary disorder (such as tumour)
- ☐ Acute cold, flu or infection
- ☐ Acute herpes outbreak
- ☐ Pregnancy

Please check if you DO have any of the following:

- ☐ High blood pressure
- ☐ Migraines
- ☐ Diabetes
- ☐ Skin disorders; dermatitis, rashes
- ☐ Former cosmetic surgery (if yes please indicate procedure, location and date)
    - ○ _____

Potential Risks associated with CFRA

- Bleeding at the insertion sites
- Infection
- Asymmetry in results
- Bruising and puffiness
- Skin irritation and or discomfort
- Nerve injury
- Allergic reaction
- Delayed healing
- Unsatisfactory result

Note: Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure and or other circumstances not related to an acupuncture facial.

An acupuncture facial DOES NOT arrest the aging process. Future facial acupuncture maintenance treatments may be necessary to maintain the results of an acupuncture facial

Statement of acknowledgement and consent

As a patient of Purity Health & Wellness, I _____ have read the information and understand that my identity will be protected at all times and, if necessary, identifying information will be altered to protect my privacy. I understand that a record will be kept of the health services provided to me. This record

will be kept confidential and will not be released to others unless so directed by myself in writing or unless law requires it.

- The information I have provided is complete, and accurate to the best of my knowledge and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs.
- I have read the informed consent and am aware of potential risks associated with CFRA.
- I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- It has been explained to me in a way that I understand, the above treatment to be undertaken, and that there are risks to the procedure or treatment proposed.

Signature: _____ Date: _____

I, _____ hereby consent to treatment from Dr. Cindy Tran, ND for Constitutional Facial Rejuvenation Acupuncture, and intend this consent to cover the entire course of treatment for my present condition. I understand this consent is voluntary and may be revoked at any time.

Printed name: _____

Signature: _____

Date:_____

Cancellation policy

I understand that I am required to give a minimum of **24 hours notice** if I am unable to make my appointment. In the event that I miss an appointment without sufficient notice, I may be charged the full cost of the missed appointment.

Signature: _____ Date: _____