BODYWISE
Acupuncture & Complementary Health

Patient Information and Consent Form for Acupuncture and Physical Therapy Treatments

Please read this information carefully, and ask your practitioner if there is anything that you do not understand.

What is acupuncture?
Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

Is acupuncture safe?
Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments.

Does acupuncture have side effects?
You need to be aware that:

- *Drowsiness occurs after treatment in a small number of patients, and, if affected you are advised not to drive;*
- *Minor bleeding or bruising occurs after acupuncture in about 3% of treatments;*
- *Symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign;*
- *Fainting can occur in certain patients, particularly at the first treatment*

In addition, if there are particular risks that apply to your case, your practitioner will discuss these with you.

Is there anything your practitioner needs to know?
Apart from the usual medicine details, it is important that you let your practitioner know;

- *If you are currently aware that you have any form of infection;*
- *If you have experienced a fit, faint or funny turn*
- *If you have a pacemaker or any other medical implants;*
- *If you have a bleeding disorder;*
- *If you are taking anti-coagulants or any other medication;*
- *If you have damaged heart valves or have any other particular risk of infection*

Single-use, sterile, disposable needles are used in the clinic

Statement of Consent

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time. I agree for my contact details to be kept on a computer and that my records may be shared with other relevant clinicians with your agreement.

Signature

Date

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Data Protection and Privacy Notice for Patients

In 2018 the Law updated regarding how information is shared and used in services such as our clinic.

In providing your treatment we ask for information about you such as your name, date of birth, address and telephone details. We also take a detailed case history and information about your health and treatments. Some of your information may be held on a computer or telephone for example in the form of emails, text messages. Your contact details are kept secure with pass code safety measures and deleted after the required legal time frame expires. Any manually written material is locked and protected from public access and destroyed by shredding or incineration after a 10 year period.

We do not share your information with third parties unless with your prior consent. This may be regarding your treatment, for example with another healthcare practitioner such as your GP or your insurance provider as per your full agreement, knowledge and instructions.

Please tick if you agree to the above use of your information ____ Y / N

Please tick if you agree to us sending you information or reminders about your appointments or other information about our service ____ Y / N

Please tick if you agree to receiving occasional newsletters and clinic updates
via email, text or paper ____ Y / N

Signed _____ Date_____

Print _____

Thank you for your time and for using our clinic services.