



## **Consent and Questionnaire Form**

Acupuncture involves the insertion of fine, sterile needles into specific points on the skin. Individuals react to Acupuncture in varying ways, depending on whether they are what is know as a 'strong reactor' or not.

In general Acupuncture may make patients feel slightly drowsy/relaxed. This can occur during the session for the strong reactors, or later the same day. Some people may not experience it at all. This does not mean that Acupuncture won't work. Many patients sleep very heavily on the same night of their first treatment.

As Acupuncture will promote chemical effects on the body, it is important that you let your therapist know if you have any of the following:

Name (print):  Address:  Postcode:  Email address:  Phone number:  Occupation: Employed / Retired / Student / Unemployed/  Next of kin name:  Next of kin Number:  <input type="checkbox"/> I confirm I am aged 18 years or over	D.O.B.: Age:  GP's Name:  GP's Address:   GP's Phone No:  Agreement to notify GP: Yes / No  Date letter sent to GP:  Patient unable to supply GP details: <input type="checkbox"/>  Patient Signature: _____
Have you had any Acupuncture before? If so, did you have any reaction to it?	
Do you have any history of blood disorders? (Hepatitis/Haemophilia/Blood clotting disorders) or HIV? If so, please give details:	
Any blood pressure?	
Do you suffer from any heart condition/ angina condition? If so, is this controlled?	

Do you have any allergies or sensitivities, or specific metal allergies? If so, please give details	
Have you ever suffered from fits/epilepsy/seizures? If so, are these controlled on medication?	
Do you have Diabetes? If so, is it controlled on medication?	
Are you taking any other medication? If so, please give more details on your conditions and drugs taken:	
Is there any other medical condition of which the therapist should be aware? If so, please give details:	
(Ladies only) Could you be pregnant? Are you actively trying to become pregnant?	
Have you eaten in the last couple of hours?	
Referred by (GP, friend, advertisement, website):	

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 confirm that the information I have provided on this questionnaire is correct to the best of my knowledge.

Signed:	Date:
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