

Acupuncture Patient Consent Form (acu.form 1)

Name:

Address:

Home Phone Number:

Mobile Phone Number:

Date of Birth:

Next of Kin:

Doctor's Name & Address:

What, if any, prescribed medications are you taking?

Do you have of these conditions?

Epilepsy	Yes/No	Viral Infection	Yes/No
Hear Problems	Yes/No	Diabetes	Yes/No
High Blood Pressure	Yes/No	Haemophillia	Yes/No
Low Blood Pressure	Yes/No	Other	

Please answer the following questions

Are you pregnant? Yes/No

Do you use a pacemaker? Yes/No

Have you had a cortisone injection in the last six weeks? Yes/No

Do you take anti-coagulants (blood thinning drugs) Yes/No

I consent to having acupuncture Yes/No

Signature:

Date: