



## Parent/Guardian for Patients Under the Age of 16

### Acupuncture Information and Consent Form

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Please read this information carefully, and ask Emma Leeson-Kings 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. Acupuncture treatment may include, but is not limited to, acupuncture, moxibustion, cupping and acupressure.

#### Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 200,000 treatments.

No significant movements should be made while the needles are being inserted, manipulated, retained or removed.

#### 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, bruising or swelling occurs after acupuncture in about 3% of treatments
- pain during treatment occurs in about 1% of treatments
- existing 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
- light headedness and fainting can occur in certain patients, particularly at the first treatment

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

#### Is there anything your practitioner needs to know?

Apart from the usual medical details, it is important that you let your practitioner know:

- if you are pregnant
- if you have ever experienced a fit, faint or funny turn
- if you have a pacemaker or any other electrical implants
- if you have a bleeding disorder
- if you are taking anti-coagulants or any other medication
- if you have a local infection
- if you have damaged heart valves or have any other particular risk of infection

Only single-use, sterile, disposable needles are used according to the British Acupuncture Council (BAcC) Standards of Safe Practice.

#### Parent/Guardian Statement of Consent

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**Print Full Name of Patient Under 16:** \_\_\_\_\_

I declare that the information provided in the medical history is correct to the best of my knowledge and confirm that I have read and understood the above information and hereby give consent for acupuncture to be carried out. I intend this consent to cover the entire course of treatment to be performed for the current condition/s and for any future condition/s for which treatment is sought.

I understand that treatment can be refused at any time.

**Print Name in Full:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_