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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:		
Birthdate:			
Address:			
City:	, Province:	Postal code:	
Primary phone #:			
Emergency Contact:			
Name:		Relation:	
Phone #:			

Health Screening			
Please	list any current health concerns and or diagnoses:		
I ackn	owledge and declare that <u>I DO NOT</u> have the following contraindications		
for th	is treatment (please initial)		
(if yo	u do have any of the following, please check off all that apply to you)		
	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)		
	0		

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 Absolute Health incorporated, 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 Constit	utional Facial Rejuvenation Acupuncture, and intend this
	entire course of treatment for my present condition. I ent 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:
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