



Acupuncture Informed Consent Form

This form explains acupuncture treatment, its benefits, possible risks, and your rights as a patient. Please read carefully before consenting to treatment.

Nature of Acupuncture Treatment

Acupuncture involves the insertion of very fine, sterile, single-use needles into specific points on the body. It is used to help reduce pain, improve circulation, promote healing, and support overall physical and emotional well-being.

Treatment may also include related techniques such as:

- Electro-acupuncture (mild electrical stimulation through needles)
- Cupping therapy
- Dry needling (if clinically appropriate)

Benefits of Treatment

Acupuncture may help with:

- Pain relief (muscle, joint, nerve-related pain)
- Muscle tension and stiffness
- Stress and anxiety reduction
- Improved mobility and function
- Support for injury recovery and inflammation

Results vary from person to person and cannot be guaranteed.

Risks and Possible Side Effects

While acupuncture is generally safe when performed by trained professionals, possible side effects include:

- Mild pain or discomfort during needle insertion
- Bruising or minor bleeding
- Temporary soreness or fatigue
- Lightheadedness or dizziness
- Temporary symptom aggravation

Unit C-102, 9 Sea Lion Rd.
Brampton, ON L6V 4P8 905-450-9550
info@mediwaysphysiotherapy.com



Rare risks may include infection, nerve irritation, or fainting. Sterile, single-use needles are always used to minimize risk.

Patient Responsibilities

You agree to provide accurate health information, inform your practitioner of any changes in your condition, and communicate any discomfort during treatment.

Important Precautions

Please inform your practitioner if you are pregnant, on blood thinners, have a bleeding disorder, a pacemaker, infections, or a history of fainting.

Consent

I understand the information above and voluntarily consent to acupuncture treatment at MediWays Physiotherapy. I understand I may ask questions or stop treatment at any time.

Patient Name: _____

Signature: _____

Date: _____

Parent/Guardian (if applicable): _____

Current Condition

Have you had acupuncture before? Yes No

Main concern / reason for treatment today:

When did this issue begin? _____

Pain level (0–10): _____

Any current or past injuries related to this condition?



Medical History (check all that apply)

- Heart Disease
- High Blood Pressure
- Diabetes
- Stroke
- Epilepsy / Seizures
- Blood Clots
- Bleeding Disorders
- Cancer
- Arthritis
- Osteoporosis
- Asthma
- Kidney Disease
- Liver Disease
- Anxiety / Depression
- Skin Conditions
- Infectious/Viral Conditions
- Other: _____
- None

Family history of any of the above? Yes No

If yes, please specify: _____

Medical Details

Surgeries or major injuries (include dates if possible):

Are you currently taking medications (especially blood thinners)? Yes No

If yes, please list: _____

Do you have any allergies? Yes No

If yes, please list: _____



Any other medical conditions we should know about?

Acupuncture Safety Screening

- Pregnant or possibly pregnant
- Pacemaker or electrical implant
- History of fainting/dizziness with needles
- Internal pins, plates, or artificial joints
- Recent fractures or dislocations
- WSIB or MVA claim

If yes, please provide details:

Acknowledgment

I confirm that the information provided is accurate and complete. I understand it is my responsibility to inform the practitioner of any changes in my health.

Patient Name: _____

Signature: _____

Date: _____