



Dr. Natalie Jensen
DTCM, R.M.T, R.Ac.
Telephone: 403-690-9551
8511 Addison Drive SE
Calgary AB T2H 1P3

CONSULTATION FORM

I, _____ hereby fully understand the acupuncture treatment process and the possible side effects such as: bruising, needle site discomfort, dizziness, fainting, post-acupuncture sensation (numbness, tingling, heaviness, tiredness), and temporary exacerbation of symptoms. Rare and unusual risks include infection, nerve damage, organ puncture, excessive bleeding, and spontaneous miscarriage.

I agree to fully disclose all past and current health conditions, including all medications I am currently taking. I have had the opportunity to discuss the nature and purpose of the treatment and ask any questions I may have. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications that may occur as a result of treatment. I understand that there are no guarantees regarding improvement or cure of my condition. I give consent to have acupuncture treatment, as well as any other treatments in the scope of Traditional Chinese Medicine that the acupuncturist has explained and recommended for me. These may include but are not limited to: herbal medicine, auricular treatment, moxibustion, cupping, and electro -stimulation.

Alberta Acupuncture Regulation stipulates that an acupuncturist shall not undertake the care and treatment of a person unless that person has already consulted with a physician or in the case of dental pathology, a dentist, about the condition for which care and treatment from the acupuncturist is being sought; that person has informed the acupuncturist that a physician or dentist has been consulted about the condition; the acupuncturist has completed a patient consultation form. I confirm that I have consulted with a physician or dentist about the condition for which acupuncture treatment is being sought.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

