

CONSENT FORM

1. The purpose of acupuncture is to provide relief from specified ailments and to support the well-being of the person being treated. The acupuncturist will diagnose using Traditional Chinese Medicine and/or Auricular Medicine methods. The acupuncturist seeks to assist and compliment your family doctor, not replace them. Acupuncture is intended to assist the body's own healing powers. If you believe you have a serious medical condition you should see your family doctor for a diagnosis and treatment.

2. While many people experience positive health benefits from acupuncture, each case is different, each person is different and it is not possible to guarantee any results.

3. There is a degree of risk associated the acupuncture. The possible side effects or complications include local bruising, slight bleeding, temporary discomfort or aggravation of symptoms, headaches, and fainting in some individuals.

I acknowledge that I have read and understood this form, and I confirm that I am 19 years of age or older.

I hereby freely and voluntarily consent to receive acupuncture treatment provided by Carol Anne Landry or another qualified and licensed practitioner employed or otherwise retained by the Antigonish Acupuncture Clinic.

Date: _____

Signature: _____