

Dr Dianne Connell (TCM)

Registered Doctor of Chinese Medicine

Patient Information and Consent Form

Possible Risk	Therapy	The Risk and How to Minimize It	Your consent <i>(please tick)</i>	Your Initials
Pain	Acupuncture Massage Cupping Electro- Acupuncture	Tell your practitioner if you are sensitive to pain and if you experience any pain with these therapies. The needle insertion causes minimal discomfort usually, but stimulation of the needle can cause varying degrees of 'needle sensation'. If you are sensitive the needle stimulation can be minimized.		
Bruising	Acupuncture Massage Cupping	Tell me if you bruise easily or have a bleeding disorder. Marks left by cupping can last up to a week (this is normal) so let me know if you don't want this.		
Infection	Acupuncture Cupping	Although extremely rare, infection is possible as the skin is punctured. I only use sterilized, single use, disposable needles and the area is swabbed with alcohol first. Please inform me if you have a known immune problem or any infectious disease.		
Tiredness	Acupuncture Massage Reiki	This is common after therapy and is usually very pleasant. But always give yourself time to adjust after therapy and avoid driving immediately if you feel sleepy		
Fainting or dizziness	Acupuncture Massage	A sudden change in your energy flow with acupuncture can occasionally induce feelings of faintness, nausea or dizziness. If this occurs, the needles are removed and you quickly return to normal. It is not harmful at all and is a rare occurrence.		
Drug-herb Interactions or Herb Side Effects	Herbal Medicine	It is important to know all medications you are on as we are educated for known interactions. However should you suspect you are reacting to any herbs, cease taking, contact me for advice. Some people have specific allergies to certain herbs, but these are rare.		
Temporary Aggravation of your condition	All therapies	It is not unusual to have a short-term aggravation as the treatment alters your body's energy flow or unblocks blockages. If any aggravation continues for several days or is very uncomfortable, always contact the clinic for advice.		

Name: _____ Date: _____

Signature: _____