

Dr. Alice Wong,
Acupuncturist



4825 Dalhousie Drive NW
Calgary, Alberta T3A 6K7
telephone: (403)239-9333
facsimile: (403) 208-1648
email: dralicewong@shaw.ca

Informed Consent for Acupuncture Care

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture if necessary including needling, moxabustion, cupping, acupressure, electroacupuncture, and other techniques within the scope of practice of acupuncturists. These procedures may be performed by the registered acupuncturist named above and/or anyone working in this clinic authorized by the registered acupuncturist listed above.

I have had the opportunity to discuss with the registered acupuncturist the nature and purpose of acupuncture care and other procedures. I understand that results are not guaranteed.

I further understand and am informed that, as in all health care, in this practice of acupuncture even though all needles are pre-sterilized and disposable there are some slight risks of treatment including but not limited to temporary soreness, bruising, nausea, fainting, bleeding, infection, and shock. I do not expect the acupuncturist to be able to anticipate and explain all the risks and complications and wish to rely on the acupuncturist to exercise judgment during the course of the procedures which the acupuncturist feels at the time, based upon facts then known, are in my best interest.

I have read the above consent. I have also had an opportunity to ask questions about the consent, and by signing below I agree to the above named procedure(s). I intend this consent form to cover the entire course of treatment for my present condition and for any condition(s) for which I seek treatment.

Client's Name

Client's Signature

(typing your name is sufficient if you are unable to digitally sign)

Date

Revised 04/23