



12188-A North Meridian, Suite 225 | Carmel, IN 46032 | 317.846.8777 | Fax 317.846.8834 | www.indianaReproductiveAcupuncture.com

Acupuncture Patient Consent

I, _____, understand that I will be receiving a treatment from a licensed acupuncturist. I understand that a treatment involves any or all of the following health care practices: Bodywork, Acupuncture.

Acupuncture is the insertion of one or more thin needle(s) into the surface of the body. A patient may feel a slight pricking sensation near the needle. Patients usually report little, or no pain during an acupuncture treatment. On occasion, there may be slight bruising where a needle was inserted.

The duration of a treatment is usually 30 minutes to 1 hour. Although no outcome of treatment is guaranteed, it is understood that every patient is unique and that each treatment is designed specifically for the condition of the patient. I understand that I have the right to consent to, or refuse treatment.

Signed: _____ Date: _____