

Facial Acupuncture Rejuvenation Consent Form

For your safety and to ensure maximum benefit to you, please read the following information and follow directions throughout your course of treatment.

<p><u>Contraindications for treatment:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Uncontrolled high blood pressure<input type="checkbox"/> Problems with bleeding or bruising<input type="checkbox"/> Hemophilia<input type="checkbox"/> Severe migraine headaches<input type="checkbox"/> Vertigo<input type="checkbox"/> Cancer<input type="checkbox"/> AIDS<input type="checkbox"/> Hepatitis<input type="checkbox"/> Seizure disorder/Epilepsy<input type="checkbox"/> Botox treatments or Dermal Filler within the last 3 months (Restylane, Juvederm, Radiesse, etc.)<input type="checkbox"/> Face lift surgery within the last year	<p><u>Treatments should not be administered during:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Pregnancy<input type="checkbox"/> Cold or flu<input type="checkbox"/> Herpes outbreak/cold sores<input type="checkbox"/> Allergic reactions<input type="checkbox"/> Extreme stress or tension<input type="checkbox"/> Any skin diseases (poison ivy, eczema, hives)
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Additional medical information: _____

Possible side effects: bleeding and/or bruising may occur during treatment.

I understand that by its very nature, acupuncture may cause minor discomfort and may irritate the skin or leave a mark or bruise or cause slight bleeding, tingling, itching, warmth, or puffiness. There are cases where symptoms may get worse before they get better, and I understand that if my condition worsens, I should get in touch with my acupuncturist and/or seek appropriate medical care. I realize no claims, promises, or guarantees are being made, and I accept full responsibility for the risk and effectiveness of all treatment.

I do not have any of the following contraindications for this treatment: uncontrolled high blood pressure, heart disease, migraines, cancer, hepatitis, AIDS, hemophilia, any pituitary disorder such as a tumor, acute cold/flu, allergies, herpes outbreak, pregnancy, seizures, or epilepsy.

Media release: please check this box if you agree to participate in photo documentation of your facial acupuncture rejuvenation. These photos may be used exclusively by Powell Chiropractic Health Center and/or Jenna Wilsey, Acupuncture Physician for purposes of a portfolio, brochures, website, Facebook posts, and/or Instagram posts. Eyes may be blurred out, or only some areas of the face may be shown. Additional request: _____

I have read the above information and agree to follow the terms of agreement.

Patient Name: _____ Signature: _____ Date: _____

Acupuncture Physician Name: _____ Signature: _____ Date: _____