

# Naturopathic Family Clinic

## Acupuncture Procedure

As a patient, it is important that you are informed of the basic acupuncture procedure. After reading the following synopsis, please sign and date at the space provided below. Should you have any questions regarding the treatment, please discuss them with your acupuncturist.

### Procedure

- 1) The acupuncturist will locate the prescribed acupuncture points and wipe the area with isopropyl alcohol.
- 2) The acupuncturist will use acupuncture needles that are individually packaged, pre-sterilized and disposed of after each use.
- 3) The needles are inserted in the skin into specific acupuncture points. People experience a variety of sensations upon needle insertion. Sensations range from feeling nothing at all to a tugging sensation to a warm, stimulated feeling. Many people experience a floating or meditative state while the needles are in place.
- 4) Typically, the needles will be left in place for 20-30 minutes. The acupuncturist may periodically stimulate the needle.
- 5) At the end of the treatment, the needles will be removed. People are often deeply relaxed during a treatment, and leave feeling lighter and more refreshed.

### After-care

- 6) After the treatment, some people experience minor bruising or light-headedness. The bruising can be relieved by applying a warm, wet compress immediately to the area for 5-10 minutes. If you feel light-headed, you are advised to rest or have something to eat or drink.

### Risks

- 7) Acupuncture is generally very safe and your acupuncturist is well trained to prevent complications. However potential risks of an acupuncture treatment include bruising, infection, nerve damage and pneumothorax.
- 8) You must inform your acupuncturist if you have any of the following conditions: blood clotting disorder, blood-borne diseases such as HIV or Hepatitis C, any communicable disease, diabetes, numbness, tingling, or lack of sensation in an area of your body.

### Questions

- 9) If you have any questions regarding this information, please discuss them with your acupuncturist.

I have read the above statements and consent to the acupuncture treatment prescribed.

\_\_\_\_\_  
Name

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Date