

ACUPUNCTURE FOR HEALTH

WENDY STALKER R.Ac. Dip.Ac. B.Sc.

www.acupunctureforhealth.ca

CONSENT FORM

I, _____ choose to undergo acupuncture treatments, administered by Wendy Stalker, R.Ac.

I understand that acupuncture is performed by the insertion of needles through the skin and/or by the application of heat to the skin in an attempt to restore normal physiological body functions, modify or prevent pain perception.

I have been made aware that certain adverse side effects may result. These could include some local bruising, puffiness, minor bleeding, fainting, temporary pain or discomfort, and possible temporary aggravation of symptoms.

I understand that acupuncture has been practiced safely for centuries. I also understand that no guarantees concerning its use and effects are given to me, and that I am free to discontinue my treatments at any time.

Patient, Parent or Guardian

Date

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Give yourself the gift of vital health.