

Lailee Mussivand RAc
Registered Acupuncturist, CTCMPAO
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340 Gladstone Ave - 2nd Floor | Ottawa, ON, K2P 0Y8

Informed Patient Consent Waiver

I hereby request and consent to the performance of acupuncture and other procedures within the scope of the practice of acupuncture, by Lailee Mussivand R.Ac. I understand that methods of treatment may include, but are not limited to, needling and/or electro acupuncture; cupping; moxibustion; acupressure and/or tuina; diagnostic palpation on various areas of the body, Chinese herbal medicine, and nutritional and/or lifestyle counselling.

I know that all insertion needles are pre-sterilized and disposable.

I will discuss with the acupuncturist the nature and purpose of acupuncture and other procedures. I understand that I have the right to be informed about all treatments and may seek opinions from other healthcare professionals or terminate therapy at any time.

I understand and am informed that in the practice of Traditional Chinese Medicine, as in the practice of Western Allopathic Medicine, there are some side effects and/or risks of treatment. I understand that although these are unlikely to occur, they are possible. Possible side effects include but are not limited to temporary soreness, bruising, blistering, nausea, fainting, bleeding, lung injury, and infection.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment. I wish to rely on the acupuncturist to exercise such judgment based on the known facts to be in my best interest during the course of my treatment. I understand that results are not guaranteed.

Further, I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with any treatment.

Female Patients: I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I hereby state that I will inform the acupuncturist if I am pregnant or if there is any possibility that I am pregnant.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the benefits and risks of acupuncture treatments and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from this clinic.

Date signed

Patient's name (please print)

Patient or Representative Signature