

Adrienne Beaupré & Assoc. LLC
65 Central St. Suite 5, West Boylston, MA 01583
508-869-4755

Acupuncture Informed Consent

I hereby consent to acupuncture and other treatments within the scope of practice of acupuncture by Theresa McGinn Bois (Tess Bois) Licensed Acupuncturist and/or other licensed acupuncturists who treat me while working with Adrienne Beaupré & Assoc. LLC.

The purpose of this treatment is to prevent or reduce pain and to help your body function better. I understand that the methods of treatment may include acupuncture, Chinese herbs, moxibustion, cupping, electrical stimulation, massage, and nutritional counseling. I have been informed that acupuncture is a generally safe method of treatment. Acupuncture involves the insertion of special needles into particular points on the body. There are some risks to treatment, including bruising of the skin and/or slight bleeding, weakness, fainting and aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection as all needles are sterile and single use. We do not reuse needles, even at different areas of the body for the same person.

Potential risks of moxibustion, cupping, and heat lamps are burns and/or scarring. Temporary skin discoloration is a common side effect of cupping. I understand that while this document describes the major risks of treatment, other side effects or risks may occur.

We do not provide primary care, or Western medical care. Please see your Medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, seizure disorder, local infection or have been prescribed anticoagulant (blood thinning) medications like Coumadin, by signing below you state that you have informed your acupuncturist of such conditions.

I understand that the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent. With this knowledge, I voluntarily consent to the above treatments.

Print Name: _____

Signature: _____ **Date:** _____

Office Policies:

This is a chemical fragrance-free space.

A comfortable and non-toxic environment is our goal. We choose our products carefully.

Thank you for not wearing any of the following during your visit:

Cologne, after shave, perfume, perfumed hand lotion, and fragranced products

Our chemically-sensitive co-workers and clients thank you.

Cancellations/Missed Appointments:

We require a minimum of 24hrs notice for all cancellations to avoid full service charge. Your appointment is important to us.

Signature: _____ **Date:** _____