Cloud 9 Acupuncture Community Clinic
1671 W. Sterns Rd. Suite D. Temperance, MI 48182
Tel. (734) 847-0909 www.cloud9acuclinic.com

Facial Rejuvenation Acupuncture Consent Form

For your safety and to ensure the maximum benefit to you, please read the following information and follow directions throughout the course of treatment. A complete physical examination within the last year by your physician is strongly recommended but not required.

Course of Treatment: A full course of Facial Rejuvenation Acupuncture consists of one hour long initial session including consultation and treatment, and then twelve to fifteen one hour sessions administered once or twice weekly. It is highly recommended that time between initial treatments not exceed seven days. Maintenance treatments, if desired, may be scheduled every four to six weeks or as needed to protect your physical and financial investment.

Contradictions for Treatment: The following pre- existing conditions may preclude the ability to receive Facial Rejuvenation Acupuncture and/ or greatly limit the results of treatment. Additionally, because this treatment uses a selective group of body points, acupuncture may provide relief or resolution of certain conditions.

Please initial the box if you are currently experiencing any of the following conditions and please make note of any additional conditions which you are experiencing.
□ High blood pressure or coronary artery disease
□ Problems with bleeding or bruising □ currently on anticoagulant medications
□ Migraine headaches □ Diabetes mellitus □ Hepatitis □Epilepsy
□ Parkinson's disease □Cancer □ AIDS □ certain Pituitary disorders
□ recent Dermabrasion □ recent laser surgery □ recent Botox treatments
Additional medical information_____
_____
_____
Treatments should not be administered during:
□Pregnancy □ acute flu or cold □ acute herpes outbreaks □ acute allergic reactions

Possible Side Effects: Bleeding and bruising may occur during treatment. This can be minimized by the use of certain supplements listed below. Please consult your physician before using any supplements as they may be contraindicated in certain medical conditions and while taking certain medications.

During course of treatment it is highly recommended to STOP taking:
 Vitamin E
 fish oils (may take flaxseed oil)
 Daily aspirin (unless directed by your physician).

During course of treatment it is highly recommended to TAKE:
 Grape seed extract 50 mg 3x a day
 Bromelain 500mg 3x a day.

 Drink plenty of fresh water
Bring with you to each treatment session:
 Arnica cream or gel for external use

Your face should be freshly washed with no makeup. Practice your facial exercises and relaxation techniques as suggested by your practitioner.

Financial Terms: The initial session of one hour is $150 and each subsequent treatment of approximately one hour is $150. Twelve to fifteen treatments are recommended. These fees are usually not covered by insurance.

Cancellation Policy: Please provide 24 hours notice if rescheduling an appointment is necessary. Unless it is an emergency, a $75 fee is charged for missed appointments.

I have read the above information and agree to follow the terms of this agreement.
Patient Name _____ Date _____
Practitioner _____ Date _____
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I, _____understand that by its very nature acupuncture, and other modalities of Chinese Medicine, (including but not exclusive to, acupuncture, acupressure, massage, herbs, aromatherapy, direct and indirect moxibustion, cupping, and electrical stimulation), may cause minor discomfort, and may irritate the skin or leave a mark, bruise, or burn.

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 the treating acupuncturist, and/ or seek other 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 acknowledge that I have been advised to see an M.D. or other appropriate practitioner for my condition(s).

I do not have any of the following contraindications for this treatment:

□Pregnancy □ acute flu or cold □ acute herpes outbreaks □ acute allergic reactions

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