# Cape Fear Community Acupuncture

## Patient Consent Form

PATIENT NAME: _____ DATE: _____

- Due to the possibility of herb/drug interactions, we require that patients inform us of any medication use. This includes prescriptions, over-the-counter medications, herbs, vitamins and other supplements.

- As acupuncture and herbal treatment can affect pregnancy, we need to know if there is any possibility that you are pregnant.

- Acupuncture treatment is performed using sterile, disposable, single-use needles. Side effects of acupuncture occasionally include, but are not limited to, local bruising, minor bleeding, fainting, temporary pain, and a possible temporary aggravation of symptoms.

- We maintain the confidentiality of patient information at all times.

- We may refer patients to Medical Doctors or other practitioners for assessment and/or treatment as necessary.

- **24-hour notice requested when making a cancellation or rescheduling an appointment. We reserve the option to charge patients or their insurance company for missed appointments.**

***I have read, understand and will comply with the above statements:***

Patient Signature: _____Date: _____