

## Zen Penguin Wellness Stress Buster Consent Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Have you ever received acupuncture before? Yes No
2. Please check any of the following you currently have (of have had) in the past year:  

<input type="checkbox"/> Insomnia	<input type="checkbox"/> Cold hands / feet	<input type="checkbox"/> Headaches	<input type="checkbox"/> Neck Pain
<input type="checkbox"/> Arm pain	<input type="checkbox"/> Digestive issues	<input type="checkbox"/> Knee pain	<input type="checkbox"/> Numbness / tingling
<input type="checkbox"/> Back pain	<input type="checkbox"/> Elbow pain	<input type="checkbox"/> Leg pain	<input type="checkbox"/> Eye Strain
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Depression	<input type="checkbox"/> PMS / Menstrual	<input type="checkbox"/> Anger / irritability
3. These problems affect my:  

<input type="checkbox"/> Home life	<input type="checkbox"/> Relationships	<input type="checkbox"/> Appetite	<input type="checkbox"/> Work life
<input type="checkbox"/> Productivity	<input type="checkbox"/> Attitude	<input type="checkbox"/> Activities	<input type="checkbox"/> Sleep
4. Would you like to know if acupuncture can help you get well and stay healthy? Yes No

### Informed Consent to Acupuncture Stress Buster Treatment

It is important that each client understand the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

I understand that the insertion of sterile acupuncture needles cause a specific stimulation of acupuncture points. The specific acupuncture points chosen elicit a calming and sedating effect, releasing endorphins that lead to reduced stress. After treatment it is normal to feel calm, relaxed, and grounded. I understand that sometimes patients may feel slightly dizzy or disoriented, this can be normal and should not last very long.

I understand that two to ten acupuncture points will be inserted using sterile acupuncture needles. Some patients report a feeling of a dull ache, pressure, or even a tingling sensation where the needles have been inserted, this is normal. I have been informed that acupuncture is generally safe, but that it may have some side effects including bruising, numbness or tingling near the insertion site.

I understand that this treatment is NOT intended to diagnose or treat ANY disease or condition other than to perform an Acupuncture Stress Buster treatment.

I understand that this is a group treatment and I waive my right to privacy in order to be treated in a community setting today.

By signing the statement below, I hereby request and consent to the performance of the above-mentioned acupuncture treatment(s) for stress reduction, and in NO WAY hold the acupuncturist named on this document and/or the named clinic, responsible for ANY adverse reactions or exacerbations of ANY health conditions or side effects.

Your credit card will NOT be charged unless you do not show up for your scheduled appointment. If that occurs, a \$30 fee will be charged to the card provided. Your card is only needed to guarantee your appointment.

I have read and fully understand the above statements. All questions regarding the acupuncturist's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept the Stress Buster mini-acupuncture treatments on this basis.

Credit Card #:

Expiration Date:

CVV Code & Zip Code (if different from address provided above)

Signature & Date: