

## Acupuncture NZ Informed Consent

### Specific Therapies



*This form is to be signed by the patient when any of the procedures listed below are to be included in the treatment provided. It must be presented to the patient for signing after the procedure has been fully explained to and understood by the patient and prior to treatment commencing.*

*(please circle appropriate treatment)*

**Dermal Hammering**

**Gua Sha**

**Thread Embedding**

**Scarring Moxa**

**Bleeding**

**Wet cupping**

**Other** (please describe)

The procedure circled above has been fully explained to me and I give my consent to the practitioner to administer this procedure.

*I understand that I have the right to clarify, question or stop the treatment at any time.*

**Practitioner Name:**

**Practitioner Signature:**

**Patient Name:**

**Patient Signature:**

**Date:**