



Northwest Wellness Center

CONSENT FOR ACUPUNCTURE TREATMENT

Acupuncture is an art of healing involving the stimulation of specific points on the body to cure diseases or relieve pain. The stimulation may be produced by needles, heat, digital pressure, electrical currents etc., but most frequently in the form of needling. In rare incidents patients may experience certain side effects or untoward reactions including fainting, bleedings, pneumothorax, puncturing of viscera, broken needles and other hazards associated with the treatment procedures.

The undersigned understands the hazards and potential dangers involved in treatment by means of ACUPUNCTURE. The nature and consequences of the above treatment have been fully explained, and the undersigned is convinced that the treatment is in the best interest of the patient, but that no guarantee of results has been made.

The undersigned hereby consents to such treatment and releases Dr. Christopher Pasquale, his employees and agents, as well as the patient's attending physicians or his associates, from any and all claims of damages for any injury, which may result from such treatment.

I have carefully read, and I understand, the forgoing.

Patient's Signature: _____

Witness: _____

Date _____, 20____ Time _____