

**Cosmetic Facial Rejuvenation Acupuncture****Consent Form**

I, \_\_\_\_\_ understand that acupuncture, and other modalities of Chinese Medicine (including acupressure, massage, herbs, aromatherapy, cupping, and electrical stimulation), may cause minor discomfort, and may irritate the skin or leave a mark or bruise.

I understand that no claims, promises, or guarantees are being made, and I accept full responsibility for the risk and effectiveness of all treatment.

I, \_\_\_\_\_ have not had any cosmetic surgery or botox/filler injections in the last 6 months and do not have any of the following contraindicated conditions:

Uncontrolled high blood pressure, regular migraines, diabetes, cancer, hepatitis, AIDS, haemophilia, a pituitary disorder such as a tumor, acute cold/flu, herpes outbreak, pregnancy, intoxication or hangover from alcohol or other drugs.

Please indicate if you have had any cosmetic surgeries in the past:

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date