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Groupon Acupuncture Experience

Name: _____ Today's Date: ___ / ___ / ___

Address: _____ Sex: ___ Female ___ Male

City/State/Zip: _____ Age: _____ DOB: _____

Have you received Acupuncture or Traditional Chinese Medicine before? ___ Yes ___ No

Please circle any condition you are currently experiencing: pregnancy pacemaker HIV+
Hepatitis B+ Hepatitis C+ bleed or bruise easily

What are your health goals or concerns right now? *(please continue on the reverse if needed)*

CONSENT FOR TREATMENT

I, the undersigned, hereby authorize Lisa J Taylor-Swanson, LAc, Lynn Weinberg, LAc, Amy C. Darling, LAc and/or Jody Ruhberg, LAc, to provide the following care:

Acupuncture ~insertion of sterilized, single use needles through the skin into underlying tissues at specific points.

I recognize the **potential side effects** to include discomfort, pain, infection or blistering at the site of the procedure; temporary discoloration of skin; and aggravation of symptoms existing prior to the acupuncture treatment. Treatment may also result in other unforeseen consequences.

I hereby release Abundant Health, PLLC, Lisa Taylor-Swanson, LAc, Amy C. Darling, LAc, Lynn Weinberg, LAc, and/or Jody Ruhberg, LAc, from any and all liability which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand I am free to withdraw my consent and discontinue treatment at any time. I recognize it is my responsibility to communicate if I am experiencing discomfort in any way during treatment. Additionally, I recognize that I am both free and in fact encouraged to ask questions about my treatment at any time.

Signature of patient or guardian

Date