

Facial Rejuvenation

Personal Information Form

Last Name		First Name		Middle Initial
Age	Sex	Date of Birth	Current Date	
Address				
City		State	Zip Code	
Occupation		Referred by		
Telephone (Home / Mobile)		Telephone (Office)		
Marital Status		Height	Weight	

How much sun exposure do you get per week? _____

What are your major facial concerns? _____

What kind of supplements do you take? _____

Describe a typical breakfast of yours? _____

How often do you eat sweets? _____

How many of the following do you consume a day?

_____ Oz of water _____ cups of coffee _____ Oz of soda

Do you have or have you ever had the following: *(Please check all that apply)*

Skin type: Normal Dry Combination Oily Sensitive

Skin condition: Acne Eczema Itching Skin Cancer
 Skin Rashes Rosacea Skin Allergies

Facial Rejuvenation

Consent Form: non-needle

I, _____, consent to undergo non-needle microcurrent facial acupuncture treatments, knowing that there are no guaranteed results.

I acknowledge that I have been advised that using electrotherapeutic and cosmetic procedures could result in hematoma bruise, puffiness, redness, (bleeding) pain or other symptoms.

I completely understand and accept the above and agree to undergo these treatments, I accept the binding abrogation between patient and practitioner.

PATIENT / AUTHORIZED PERSONS SIGNATURE

DATE

PRACTITIONER

DATE

Informed Consent for Constitutional Facial Acupuncture Renewal (Acupuncture Facial)

INSTRUCTIONS: This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture treatments, the risks involved and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Sign the consent for facial acupuncture treatments, as proposed by your acupuncturist.

INTRODUCTION: An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of *qi* (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." An acupuncture facial involves the patient in a gradual process that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift."

BENEFITS: Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion and flesh out sunken areas. Customarily, fine wrinkles will disappear, and deeper ones be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

RISKS OF AN ACUPUNCTURE FACIAL: Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications and consequences of an acupuncture facial.

BLEEDING: It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise or hematoma, which will resolve itself.

INFECTION: Infection is very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.

DAMAGE TO DEEPER STRUCTURES: Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.

ASYMMETRY: The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.

BRUISING AND PUFFINESS: There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.

NERVE INJURY: Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is very rare.

UNSATISFACTORY RESULT: There is the possibility of a poor result from an acupuncture facial. You may be disappointed with the results.

DELAYED HEALING: Delayed wound healing or wound disruptions are rare complications experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.

LONG-TERM EFFECTS: An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

It is important that you read the above information carefully and have all of your questions answered before signing the consent below.

Consent Form: Facial Acupuncture

I recognize that during the course of the acupuncture facial, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE-LISTED ITEMS

PATIENT / AUTHORIZED PERSONS SIGNATURE

DATE

PRACTITIONER

DATE