

Patient Consent Form

I..... (Full Name)
am aware that I am being treated by Acupuncturist and Naturopath Martina Vengrin.
I fully understand that the treatment will include acupuncture techniques, which may include needle insertion, cupping, cupping sliding, and moxibustion, electro-acupuncture and naturopathic advice. All techniques will be discussed with me before any initiation.

My responsibility (full name) is to discuss any issues which may influence my treatment such as infectious disease, serious illness or surgery, presence of a pacemaker, and so on. I also will respond with honesty to any other questions required by practitioner to specify the root of my health issues.

By signing below, I agree with the above procedures.

By signing below, I give consent to Martina Vengrin to correspond directly with my GP or any other medical practitioner regarding my case. I understand that my case will be written up for future treatment records.

I have read the above, and I hereby give my consent by signing this form.

Signed: Name (Print):
Date:
Address:
Address:
Phone:
Email:
GP name and address:
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