

Informed Consent for Traditional Acupuncture Facial Rejuvenation

This document is intended to provide information regarding facial acupuncture treatments, including possible risks and alternatives. This is a non-surgical procedure. Please read this information carefully and initial each page, and sign on the line provided to indicate that you have read and agree to the procedure and risks involved.

INTRODUCTION: Facial acupuncture treatments involve the insertion of acupuncture needles into wrinkles and fine lines in the face and neck for the purpose of reducing visible signs of aging. In Oriental medicine, qi (energy) is known to flow along pathways in the body that run from the feet or hands to the torso or head. Facial treatments will incorporate the use of several body points to address underlying causes of visible aging to support the local needles inserted into points on the face and head. An acupuncture facial treatment series is an organic, gradual process, customized for each individual. It is not meant to be a substitute for a surgical “face lift.” Treatment may involve acupuncture, cupping and gua sha (a gentle sculpting technique applied with either jade or rose quartz tools).

BENEFITS: Facial acupuncture can decrease puffiness around the eyes, diminish the appearance of fine lines and wrinkles. It can increase facial tone, firm sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. As the treatments are not confined to the face, but incorporate points on the body, they address constitutional issues of health.

ALTERNATIVE TREATMENT: Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peel or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

RISKS OF ACUPUNCTURE FACIALS: The choice to undergo acupuncture facial treatments is based upon the comparison of risks to potential benefit. Although the majority of patients do not experience the following complications, each of them may be discussed with Devon Gray, L.Ac. to ensure your understanding of the risks, potential complications and consequences of facial acupuncture treatments:

BLEEDING: It is possible, although very unusual to experience bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, usually it will consist of only a few drops. Accumulations of blood under the skin may cause bruising (hematoma), which will resolve itself naturally.

INFECTION: It is very unusual to experience infection following treatment; however, if it does additional treatment including antibiotics may be necessary.

DAMAGE TO DEEPER STRUCTURES: Deeper structures like blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. Injury may be temporary or permanent.

ASYMMETRY: The human face is normally asymmetrical. Thus, there can be variation between sides in the results attained from facial acupuncture treatment.

BRUISING AND PUFFINESS: There is a possibility of bruising (hematoma), 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. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Injuries to sensory nerves of the face, neck and ear regions may cause temporary or more rarely, permanent numbness. Painful nerve scarring is very rare.

NEEDLE SHOCK: It is a rare complication of facial acupuncture.

UNSATISFACTORY RESULT: There is the possibility of poor results and disappointment.

ALLERGIC REACTIONS: In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial, and may require additional treatment. Please inform your acupuncturist of any known allergies.

DELAYED HEALING: Rarely wound healing may be delayed or disrupted following facial acupuncture. There is greater risk for smokers who frequently have dry, sagging skin which may not heal as readily as non-smokers' skin.

LONG TERM EFFECTS: Subsequent to facial acupuncture, alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure or other circumstances or lifestyle factors not related to acupuncture treatment. An acupuncture facial does not halt the aging process or produce permanent tightening of the neck or face. Future facial acupuncture is recommended for maintenance of the results of the initial facial acupuncture series.

INSURANCE: Most health insurance companies exclude coverage for an acupuncture facial and/or any complications that might occur from facial acupuncture treatments. Please carefully review your health insurance benefits.

ADDITIONAL CARE NECESSARY: There are many variable conditions in addition to risk and complications that may affect the long term results from facial acupuncture treatments. Although risks and complications occur infrequently, the risks cited are the ones particularly associated with facial acupuncture. Other complications can occur but are even less common, but may require additional treatment. The practice of acupuncture is not an exact science. Good results are expected; however, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

COURSE OF TREATMENT: A full course of Traditional Acupuncture Facial Rejuvenation consists of twelve (12) to twenty (20) 90-minute sessions once or twice weekly. It is highly recommended that the time between initial treatments not exceed seven days. Maintenance treatments, if desired, may be scheduled every six (6) to twelve (12) weeks or as needed to protect your physical and financial investment.

Cautions / Contraindications for Treatment (please check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Problems with bleeding or bruising | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Severe migraine headaches | <input type="checkbox"/> Botox treatments |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Dermal filler (Restylane, Juvederm, Radiesse) |
| <input type="checkbox"/> Recent microdermabrasion | <input type="checkbox"/> Any skin diseases (poison ivy, eczema, hives) |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cold or flu |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Herpes outbreak |
| <input type="checkbox"/> Recent laser treatments | <input type="checkbox"/> Allergic reactions |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Extreme stress or tension |

FINANCIAL RESPONSIBILITIES: The cost of each facial acupuncture treatment is \$150 to be paid at the time of service. Twelve (12) to twenty (20) treatments are recommended depending on the condition of your skin. Packages are available at a reduced rate and prices are subject to change without prior notice. Ask Devon Gray, L.Ac. about current package pricing.

CANCELLATION POLICY: Please provide 24 hours notice if rescheduling an appointment is necessary. Unless it is an emergency, missed appointments will be charged the full cost.

DISCLAIMER: Your acupuncturist may provide additional or different information based upon the facts of your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents should not be considered all-inclusive in defining other methods of care and risks. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.



Consent for Facial Acupuncture Treatment

I hereby authorize Devon Gray, L.Ac. to perform facial acupuncture. I have received the Informed Consent for Traditional Acupuncture Facial Rejuvenation.

I recognize that during the course of the facial acupuncture treatment series, unforeseen conditions may necessitate different procedures than those above. I therefore authorize Devon Gray, L.Ac. to perform such other procedures that are in 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.

It has been explained to me in a way that I understand:

- A. The above treatment or exposure to be undertaken
- B. There may be alternative procedures or methods of treatment
- C. There are risks to the procedure or treatment proposed
- D. There are certain contraindications to treatment; I have made my acupuncturist aware of any that apply to me.

I consent to the treatment and procedure and the above listed items. I am satisfied with the explanation.

Patient Name (please print)

Patient Signature (required)

Date

Devon Gray, L.Ac. Signature

Date