

Acupuncture/Injection Patient Consent Agreement

This case history form will be kept as part of your patient file.

All information within your file, including the case history, will be kept confidential and will not be released without your prior consent.

I do hereby give consent to Dr. Chris Vallee to use acupuncture and/or injection therapy.

I understand that there are risks involved in having any type of acupuncture and/or injection, which may result in an allergic reaction, punctured lung, nerve damage and irritation causing partial paralysis. Some injections may make you feel ill or create a healing reaction that is unpleasant to experience.

Allergic reactions can sometimes be very serious, and in some cases fatal.

Allergic reactions are rare, but do happen.

I understand all the risks involved and I am willing to allow Dr. Chris Vallee to use acupuncture and/or injections in the course of my therapy, and hold him blameless of any and/or all consequences and/or reactions that occur in the course of any acupuncture and/or injection performed by him.

Your appointment time is especially reserved for you. If it is necessary to reschedule an appointment please allow 24 hour notice so we may give your time to someone else. Otherwise it may be necessary to charge you \$25 for each ½ hour (barring emergencies).

Please sign below that you understand the above information and that the information you provided in this case history is accurate. Signing will also indicate your consent in treatment.

Thank you for your cooperation.

Signature: _____

Date: _____