Classical **Acupuncture**
Lee Moden

34 Denmark Road, Exeter, EX1 1SE
4 Court Green, North Tawton, EX20 2EX

Acupuncture Questionnaire and Treatment Consent Form

Patient Details: Name _____ DOB:_____

Address:_____Telephone:_____

Practitioner: Lee Moden

Patient Medical History
Do you (Does the patient, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	Yes/No	Details
Heart condition/angina		
Blood pressure problems		
Epilepsy/seizures		
Haemophilia/blood clotting disorders		
Blood borne virus, e.g. Hepatitis B/C or HIV		
Skin complaints, e.g. psoriasis, eczema		
Diabetes		
Allergic response, e.g. anaesthetics, jewellery, medicine		
Do you regularly take any blood-thinning medicines, e.g. aspirin?		
Do you take any regularly prescribed medication?		
Could you be pregnant?		
Details of any associated problems with treatment		

I declare that the information I have provided on medical history is correct to the best of my knowledge and hereby give consent for acupuncture to be carried out by the named practitioner. I confirm that I have been provided with written information on (i) the potential complications associated with acupuncture and the procedure and aftercare advice for acupuncture and (ii) our Privacy Policy. I give consent to the practitioner to retain the details provided on this form for a period of 7 years from today.

Signature of Patient _____ Date ___/___/_____

Signature of Practitioner _____ Date ___/___/___Time : am/pm_____

Patients under 16 Years of age

Where patient is under 16 years old, details and consent of parent or guardian:

Name _____

Relationship to Patient _____

Address

_____

Telephone _____ Proof of ID provided? Y N

Signature of Parent or Guardian _____ Date ___/___/____

Signature of Practitioner _____ Date ___/___/____