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# DRAFT GUIDELINES ON INFORMED CONSENT

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CONSULTATION DRAFT

30 MAY 2005



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## PREFACE

The issue of informed consent to treatment is a complex and changing area of law and practice.

As acupuncture and Chinese medicine progressively move into mainstream health care, the issue of informed consent to treatment is emerging as a major issue to be addressed by the profession.

These Draft Guidelines on Informed Consent are the first of their kind for the complementary and traditional health sector and are intended to assist practitioners of acupuncture and Chinese medicine to bring their practices in line with contemporary expectations of health care professionals.

These Draft Guidelines on Informed Consent are intended as a basis for discussion. Following consideration of the feedback, the AACMA Board will publish approved Guidelines.

The Board of the Australian Acupuncture and Chinese Medicine Association Ltd wishes to acknowledge the substantial and significant contribution to the draft Guidelines of Mr Stephen Janz, a Past President of AACMA and Chair of the National Academic Standards Committee for TCM. Mr Janz was commissioned by the AACMA Board in 2004 to undertake a review of the current AACMA Code of Ethics and to prepare Draft Guidelines on Informed Consent.

The Draft Revised Code of Ethics, Draft Code of Practice and the Draft Policy on Reasonably Necessary Treatment (The Peer Review Panel) are the subject of a separate consultation process. Details of the Code of Ethics Review can be obtained from the AACMA website or on request to the AACMA national office.

These Draft Guidelines on Informed Consent have been approved by the AACMA Board for broad-based consultation. However, this draft document should not be taken as the official AACMA policy on informed consent and should not be relied upon as legal advice.

Feedback is now sought from AACMA members and other interested parties.

The closing date for submissions is Friday 29 July 2005.

Submissions should be in writing and forwarded by mail, fax or email to AACMA at:

PO Box 5142  
WEST END QLD 4101  
Fax: 07 3846 5276  
Email: [aacma@acupuncture.org.au](mailto:aacma@acupuncture.org.au)

Phone enquiries are to be directed to AACMA on 07 3846 5866 or 1300 725 334.

We look forward to receiving your comments.

Kind regards



**Judy James**  
**AACMA Chief Executive Officer**

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## **PART A OVERVIEW OF INFORMED CONSENT**

Failure to obtain consent prior to any procedure can result in an action under the tort of trespass (assault or battery). There are several elements to consent outlined later. As a result of two particular High Court cases the element of informed consent, in particular the failure to warn of risks, has now moved firmly into the area of negligence.

In the *Rogers v Whittaker* case the patient became completely blind. In *Chappell v Hart* the patient suffered vocal cord damage. Each of these were known possible complications even where the surgery was performed competently. Each patient questioned the doctor at length about risks prior to giving consent. The surgeons did not inform the patients of these risks because the risk was considered low (1:14 000 in the case of *Rogers v Whittaker*). The court found the doctors negligent for failing to warn the patients of the risk. The principles in *Rogers v Whittaker* have been reinforced in *Rosenberg v Percival*. These cases are included in the references and are recommended reading.

The court's ruling means that a practitioner can perform at a competent level, but be found liable for an unavoidable complication where the risk of that complication was not first declared to the patient. Essentially it is for the patient to determine if they wish to accept the risks associated with the treatment, not the practitioner. This is consistent with the contemporary health ethic of respecting the patient's autonomy.

## **PART B ELEMENTS OF VALID CONSENT**

There are several elements to consent for consent to be valid.

### **1. Must be voluntarily given.**

- (a) Coercion, duress, misrepresentation or fraud must not be used to gain consent.
  - (i) For example – coercing a patient into receiving acupuncture who is needle phobic by saying it is painless. The patient suffers distressing pain after LI 4 is needled and *de qi* obtained. Both coercion and misrepresentation are at work here.
  - (ii) For example – The practitioner wants to perform a hot needle technique on a patient and explains that if they want to get better they need to undergo the procedure. The patient believes that if they do not consent the practitioner might not continue treating them. Consent may be invalid if the patient felt compelled to consent in order to continue receiving treatment.

### **2. Must cover the actual procedure being undertaken.**

- (a) For example – patient consents to acupuncture but not moxibustion. They subsequently receive a burn from moxa. In addition to the issue of negligence regarding the burn there is the trespass issue as the patient has not consented to the moxibustion treatment.
- (b) For example – a patient consents to massage but not a spinal manipulation. The practitioner performs a spinal adjustment. There is no adverse event. The patient did not give consent for manipulation and it turns out they specifically do not want manipulation. The patient has grounds for action.

### **3. Legal Capacity**

- (a) Must have legal capacity
  - (i) Adults (18 years and over). An adult of sound mind is deemed to have the capacity to provide valid consent or refuse treatment.
  - (ii) Adults with intellectual disabilities have varying abilities to comprehend information and make decisions for their own welfare. All states have legislative provisions for alternative decision makers. However these provisions only apply where the patient cannot comprehend what they are being asked to consider.
- (b) Children.
  - (i) Parents or legal guardians can give consent for children.
  - (ii) Various states have made legislative provisions allowing dentists and doctors to obtain valid consent from a child as young as 14.

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- (c) Common law recognizes that the right of child to give consent increases as their ability to understand and comprehend increases. In practice this means that a child of 16 years can probably consent to treatment but caution must always be exercised.
    - (i) The dilemma in practice can arise where a parent has given consent to treatment and does not attend with the child. Where a different treatment to the usual is contemplated consent should be obtained from the parent or guardian first.
  - (d) There is further discussion to consent that is relevant to unconscious patients and refusal of treatment in an emergency. These are not generally relevant to ACM practice.

#### 4. Consent must be Informed

Generally, the medical practitioner will be in breach of the duty of care if he or she fails to warn the patients of the ‘material and significant’ risks associated with treatments and procedures or fails to comply with the legislative provisions addressing the failure of the medical practitioner to warn. There is a distinction between a lack of consent prior to performing a procedure, which may open the way for an action based on assault or battery to the person, and obtaining a consent which is not adequately informed in relation to material risks which could give rise to a negligence action. (Forrester & Griffiths. 2005, p.133).

For a defence under *assault* or *battery* evidence that the health professional explained the procedure in broad terms is all that is required.

With respect to *failure to warn* the High court held:

The law should recognize that a doctor has a duty, subject to therapeutic privilege, to warn a patient of a material risk inherent to the proposed treatment; a risk is material if, in the circumstances of the particular case, a reasonable person, if warned of the risks, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be likely to attach significance to it.

#### *The Review of the Law of Negligence (the Ipp Report, 2002)*

The Review of the law of negligence arose from the perceived crisis in medical indemnity insurance. Its terms of reference state “The award of damages for personal injury has become unaffordable and unsustainable as the principal source of compensation for those injured through the fault of another. It is desirable to examine a method for the reform of the common law with the objective of limiting liability and quantum of damages arising from personal injury and death”.

Presently there is still a lack of uniformity between the states and territories regarding failure to warn and the risks associated with treatments as not all states have adopted the recommendations of the Ipp report. At this time Queensland, New South Wales and Victoria have enacted legislation incorporating recommendations from the Ipp report.

Of particular note are the following excerpts from the reports recommendations:

##### *Recommendation 3*

In the Proposed Act, the test for determining the standard of care in cases in which a medical practitioner is alleged to have been negligent in providing treatment to a patient should be:

A medical practitioner is not negligent if the treatment provided was in accordance with an opinion widely held by a significant number of respected practitioners in the field, unless the court considers that the opinion was irrational.

It should be noted that in the states that have implemented reforms this defence applies to treatment only and explicitly excludes failure to warn (informed consent) cases.

##### *Recommendation 7 (a,c,f)*

The legislative statement referred to in Recommendation 5 should embody the following principles:

- (a) There are two types of duties to inform, a proactive duty and a reactive duty.
- (c) The proactive duty to inform requires the medical practitioner to take reasonable care to give the patient such information as the reasonable person in the patient's position would, in the circumstances, want to be given before making a decision whether or not to undergo treatment.

- (f) The reactive duty to inform requires the medical practitioner to take reasonable care to give the patient such information as the medical practitioner knows or ought to know the patient wants to be given before making the decision whether or not to undergo the treatment.

## **PART C FAILURE TO WARN OF RISKS AND ACM PRACTICE**

From the preceding discussion there are several areas when members could have difficulty with consent, however the area of informed consent in general and failure to warn in particular are the main difficulties.

State legislation arising from the review of negligence in the Ipp Report does not apply to the failure to warn aspect of consent and the High Courts ruling (common law) is the standard to apply. Following the High Court decision in *Rogers v Whitaker* the following three tests can be used to determine information disclosure (McMurchie, Puls, Nisselle, Kanwar, 2004. p106).

- **The “Reasonable Patient” Test**
  - All the information that any reasonable person would think material or relevant to making a decision regarding a procedure must be provided.
  - For example – any reasonable patient would be interested in the known interactions between their prescribed medication and any herbs which a practitioner might dispense.
- **The “Reasonable Doctor” Test**
  - The additional information that any reasonable doctor would or should add, due to its relevance to the particular patient, must be provided.
  - For example – any reasonable practitioner would know that moxa can burn the skin.
- **The “Individual Patient” Test**
  - Any Additional Information that the patient requests must be provided.  
Additional Information needs to be solicited by open-ended questions such as “is there anything else that you would like to know?”.  
For example – are the needles disposable?

The High Court makes particular note that the amount of information on risks is based on both the particular case and the significance of a given risk to a particular patient. The following examples outline situations where individual consideration of the patient’s circumstances affects the amount of information declared regarding risks.

### **Examples**

- (i) A person with a history of altered liver function may need more information about the potential side effects of some herbs, especially those that affect the liver, than a person without such a history.
- (ii) A person with a history of multiple severe food allergies may need to be warned of the risk of severe allergic reactions prior to commencing herbal treatment.
- (iii) A patient who asks questions about every aspect of their care would expect to be told of risks even if they may not be significant to other patients.
- (iv) A fashion model requires treatment for shoulder pain. The practitioner intends to use cups. The practitioner should explain that visible bruising may result.
- (v) A patient has had a mastectomy and regional lymph nodes removed and seeks treatment for arthritic fingers on the side of the mastectomy. This patient has a greater risk of infection on her affected side. Treatment should not proceed unless the patient accepts the increased risk of infection from puncturing the skin on her affected arm.

In a daily practice situation, there are a number of issues which should be declared. These are outlined on the following pages.

## 1. Treatment in General

None of the following are negligence on their own. Any of these conditions could occur even when the practitioner practises skillfully. The issue is that they are possible and that it is up to the patient to decide that they wish to accept the risk or not – not the practitioner.

- (a) Your condition could get worse.
- (b) Acupuncture could be painful.
- (c) You could receive a bruise and/or have some residual pain following acupuncture.
- (d) The acupuncture points on your face could leave a bruise.
- (e) Cupping will leave bruising that could last over a week.
- (f) You could receive a burn from moxibustion (especially if some of the unattended forms of moxa are used).
- (g) Massage may leave you feeling tender or lethargic.
- (h) This treatment could cause a headache/migraine.
- (i) You could feel very relaxed or sleepy after the treatment.
- (j) You could bruise from massage.
- (k) The herbs/nutritional supplements could interact with your medication so look out for any unwanted changes in your condition.
- (l) The herbs/nutritional supplements could give you a digestive upset (pain loose stools etc).
- (m) It is possible to have side effects from the herbs.
- (n) If you stop taking prescribed medication your health could deteriorate and you might die (depending on the condition).
- (o) The herbs have a strong unpleasant taste.
- (p) There is a risk of infection whenever the skin is punctured.

This list can be extended based on the member's individual scope of practice and other identifiable risks.

## 2. Declaring Risks and Obtaining Consent

In the majority of cases, patient consent is implied or verbal (Forrester & Griffiths, 2005). The health professional who is to carry out a procedure is responsible for obtaining the consent. A receptionist or assistant cannot do this. Implied consent is probably the usual situation in acupuncture treatment where a patient presents at the clinic and submits to the acupuncture process. Problems can occur where the patient thought they were going to receive one type of treatment eg massage or laser and unexpectedly receive a different treatment eg acupuncture needles being inserted or cups applied.

## 3. Consent forms

Consent forms provide documentary evidence that consent has been given for a treatment. The need for a written consent is proportionate to the degree of risk and invasiveness of the treatment. The application of these principles is clear in medicine and surgery but not as clear in daily ACM practice.

Forrester and Griffiths (2005) note that blanket "catch all" clauses in consent forms are of little legal value, as does Weir (2000), and should be avoided. A signed form doesn't usually detail the process in which a patient has been informed and so may not provide evidence of warning of risks. Forrester and Griffiths (2005) recommend that the process of obtaining consent should be documented in the patient notes.

Weir (2000) identifies the need to obtain consent again when a new treatment is introduced. Members need to be wary of complacency. Because a patient has agreed to one form of therapy does not mean that they will accept any sort of therapy that the member offers. Because a patient has consented to treatment from one practitioner does not mean that they consent to treatment from an associate. The risks associated with the new therapy must also be outlined to the standard of the High Court.

Weir (2000) recommends a patient sign-in sheet (though he doesn't specify what this contains) to prove the date a patient first visited for treatment, as well as sending a letter of confirmation to a patient advising them of any warnings given to the patient.

#### 4. A Framework for Discussion

The challenge is to adequately address the issues of warning of risks and informed consent both in actually doing them as well as documenting them for evidentiary purposes. The case law which has given rise to these issues have all been the result of disastrous life altering outcomes for patients. This same level of risk is not a daily part of ACM practice and it is difficult to justify the same level of response that a surgeon might require.

#### 5. Three point approach

- (i) A patient sign in form.
- (ii) Documentation in patient notes.
- (iii) A letter to the patient where the patient accepts an unusual risk (eg goes off anti-epileptic medication).

### PART D RECORD KEEPING

#### Sign-in form

The sign-in form would need to be customized for the scope of each member's practice. As a minimum it should outline:

- The patient's personal information completed in the patient's own handwriting.
- A list of the therapies offered by the practitioner.
- A general statement to the effect that:
  - This practice aims to assist you with your healthcare. There are however always some risks with any sort of treatment:
    - It is possible to develop a bruise from acupuncture or massage and to have residual discomfort after treatment so it is especially important to tell us if you bruise easily or have a bleeding disorder.
    - Cupping typically leaves bruises which are usually painless and can last over a week. It is important to tell us if bruises in the area being cupped is cosmetically unacceptable.
    - It is possible to develop an infection whenever the skin is punctured for any reason so tell us if you have a known immune problem so we can take special precautions. We only use pre-sterilised single-use acupuncture needles/pins.
    - It is common to feel relaxed or sleepy after treatment so avoid getting up quickly from the treatment table and give yourself time to adjust after treatment.
    - It is possible that herbal or nutritional products could interact with other medications or supplements you are taking so it is important to tell us about all medications and herbal or nutritional products that you are currently taking.
    - It is possible that the therapies offered at the clinic are not suitable for you. We will offer you a referral to another health professional where possible if we cannot help you.
    - It is possible that your condition could be aggravated. This is uncommon but it can occur.
  - The best way to reduce the chance of an unwanted effect is to answer all questions about your health fully and honestly. We will explain all treatments to you before we commence them but you must ask if you require further explanation or have specific questions.
- A signature block stating that the patient has read and accepts the specified risks outlined.

It is advisable to include on the form key questions relating to:

- easy bruising or a bleeding disorder;
- space to list all medications, herbal preparations and nutritional supplements;
- do they suffer from frequent infections or skin infections;
- are they prone to dizziness or fainting;
- do they suffer from any allergies or sensitivities.

The above format advises of common risks without distorting them. By placing responsibility on the patient to provide the member with information the patient shares the risk when they fill out the form. Incomplete details from the patient may become a defence if relevant. The argument that consent forms give no evidence of the process followed is ameliorated as the patient's own handwriting demonstrates a dynamic interchange of risk identification for common risks.

**Patient notes**

Prior to commencing a new procedure an explanation is given, risks identified and this is documented in the patient notes prior to undertaking the procedure.

**Letter of advice**

Where a patient undertakes an unusual risk Weir's (2000) recommendation of a letter seems suitable. Another example of this could be a patient undergoing chemotherapy and seeks herbal medicine as well. You warn the patient that the effect of the herbs and the chemo concurrently are unknown, and that it is possible that the herbal medicine may interfere with the chemotherapy. The patient wishes to proceed with the herbs. As well as documenting this in the notes a letter of confirmation to the patient could be sent confirming that they wish to proceed with the herbal medicine and accept the risk that it may interfere with the chemotherapy.

**Consequences of failing to keep adequate records**

In the event of litigation, courts tend to dismiss a practitioner's version of events if it is not supported by comprehensive legible notes. This means that if a practitioner has failed to maintain adequate records, he/she may be found negligent for failing to warn the patient of the risks even if they in fact did warn the patient and obtain informed consent but failed to adequately document it.

**Consequences of not warning of risks**

A successful action for negligence has four elements and all four must be fulfilled to achieve a successful action.

- The patient was owed a duty of care by the defendant;
- The practitioner breached the duty of care and the practitioners conduct fell below the required standard of care;
- The conduct caused the damage suffered by the patient;
- The loss or damage was reasonably foreseeable.

The key factor for members is that of damage. In the *Rogers v Whittaker* case the patient become completely blind. In *Chappell v Hart* the patient suffered vocal cord damage. Each of these were known possible complications even where the surgery was performed competently. It is difficult to conceive of a situation in usual ACM practice where a foreseeable risk could give rise to such a disastrous outcome. A disastrous outcome is more likely from a breach in the standard of care (element 2 above), than from a failure to warn of risks, although the examples above of the patient undergoing chemotherapy and the patient stopping their medication could be disastrous.

The court has indicated that assessing risk with adjectives such as "low" or "slight" are not satisfactory, however in the absence of statistics on the risks outlined above we have little alternative. Again none of the generic risks outlined are comparable to the identifiable risks associated with surgery.

Members would be more secure in their practice by adopting the approach of warning of risks.

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**REFERENCES:**

*Chappel v Hart* [1998] HCA 55

Reported at: (1998) 195 CLR 232; (1998) 156 ALR 517; (1998) 72 ALJR 1344; [1998] 14 Leg Rep 2; (1998) *Aust Torts Reports* 81-492 Catchwords: Negligence - Causation - Failure to warn of inherent risk of operation about which patient had specifically inquired - Plaintiff would ... Available at : [http://www.austlii.edu.au/au/cases/cth/high\\_ct/1998/55.html](http://www.austlii.edu.au/au/cases/cth/high_ct/1998/55.html)

*Civil Liability Act 2002* (NSW)

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McMurchie M., Puls D., Nisselle P., Kanwar A., (2004). Legal Responsibilities Chapter 13 in *HIV/viral Hepatitis: A Guide for Primary Care*. Australian Society for HIV Medicine (revised 2004) Darlinghurst NSW Available at: [http://www.ashm.org.au/uploadFile/orange\\_mono\\_WEB.pdf](http://www.ashm.org.au/uploadFile/orange_mono_WEB.pdf)

*Report of the Law of Negligence* (2002). Commonwealth of Australia. Canberra. Available at <http://www.revofneg.treasury.gov.au/content/home.asp>

*Rosenberg v Percival* (2001) 8 HCA 18

Available at: <http://www.austlii.edu.au/au/cases/cth/HCA/2001/18.html>

*Rogers v Whitaker* (1992) 175 CLR 479

Reported at: (1992) 175 CLR 479; (1992) 109 ALR 625; (1992) 67 ALJR 47; (1992) *Aust Torts Reports* 81-189 Catchwords: Negligence - Professional negligence - Medical practitioners - Duty to warn patient of risk of medical treatment. Available at : [http://www.austlii.edu.au/au/cases/cth/high\\_ct/175clr479.html](http://www.austlii.edu.au/au/cases/cth/high_ct/175clr479.html)

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*Wrongs and Other Acts (Law of Negligence) Act 2003* (Vic).

## PATIENT DETAILS FORM – Informed Consent

**PERSONAL DETAILS**

Today's date: \_\_\_\_\_

Full Name: Mr / Ms / Mrs / Miss / Dr \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Welcome to *Insert Clinic Name*. The therapies offered at the clinic have a long history of safe practice, however there are always some risks associated with any sort of treatment. This practice may use any of the following therapies in your care:

- |  |  |
|--|--|
| <input type="checkbox"/> Acupuncture             | <input type="checkbox"/> Massage Therapy                           |
| <input type="checkbox"/> Moxibustion             | <input type="checkbox"/> Counselling                               |
| <input type="checkbox"/> Chinese herbal medicine | <input type="checkbox"/> Western herbal medicine                   |
| <input type="checkbox"/> Dermal Hammer           | <input type="checkbox"/> Cupping                                   |
| <input type="checkbox"/> Electro Acupuncture     | <input type="checkbox"/> Laser therapy                             |
| <input type="checkbox"/> Nutritional therapy     | <input type="checkbox"/> Others (to be filled by the practitioner) |

Please tell your practitioner if you do not want a particular type of therapy. Below is a list of potential risks associated with the therapies offered at the clinic. The best way to reduce the chance of a risk occurring is to answer all questions about your health fully and honestly. We will explain all treatments to you before we commence them but you must ask if you require further explanation or have specific questions. Please indicate your response and initial next to each paragraph when you have read it.

Outline of possible risk	Therapy	Strategies to minimize the possible risk	Your consent		Your Initial
			No	Yes with condition	
Pain	<ul style="list-style-type: none"> <li>▪ Acupuncture,</li> <li>▪ Dermal hammer</li> <li>▪ Massage,</li> <li>▪ Cupping,</li> <li>▪ Electro-Acupuncture,</li> <li>▪ Guasha,</li> </ul>	Tell your practitioner if you are sensitive to stimulation, and if you become uncomfortable or experience pain during the treatment.			
Bruising	<ul style="list-style-type: none"> <li>▪ Acupuncture,</li> <li>▪ Dermal hammer</li> <li>▪ Massage,</li> <li>▪ Cupping,</li> <li>▪ Electro-Acupuncture,</li> <li>▪ Guasha.</li> </ul>	Tell us if you bruise easily or have a bleeding disorder.  Cupping typically leaves bruises which are usually painless and can last over a week. It is important to tell us if bruises in the area being cupped are cosmetically unacceptable.			
Infection	<ul style="list-style-type: none"> <li>▪ Acupuncture</li> <li>▪ Massage</li> <li>▪ Cupping</li> <li>▪ Dermal hammer</li> </ul>	It is possible to develop an infection whenever the skin is punctured so tell us if you have a known immune problem so we can take special precautions. Some medications can affect your skin and immune system so we need to know which medications you are taking. We only use pre-sterilised single-use disposable acupuncture pins in this clinic.			
Burn	<ul style="list-style-type: none"> <li>▪ Moxibustion</li> <li>▪ Heat lamp</li> <li>▪ Laser therapy</li> </ul>	Please advise your practitioner if you have sensitive skin, and tell your practitioner if the heat is uncomfortable.			
Smoke irritation	<ul style="list-style-type: none"> <li>▪ Moxibustion</li> </ul>	Please advise your practitioner if you have any medical condition affecting your respiratory system such as asthma.			
Relaxed or Sleepy	<ul style="list-style-type: none"> <li>▪ Acupuncture</li> <li>▪ Massage</li> <li>▪ Moxibustion</li> </ul>	It is common to feel relaxed or sleepy after treatment so avoid getting up quickly from the treatment table and give yourself time to adjust after treatment before driving or using stairs. Avoid driving immediately after the treatment if you feel sleepy.			
Drug herb interactions	<ul style="list-style-type: none"> <li>▪ Herbal medicine</li> </ul>	it is important to tell us about all medications and herbal or nutritional products that you are currently taking or recently stopped.			
Fainting	<ul style="list-style-type: none"> <li>▪ Acupuncture</li> <li>▪ Massage</li> </ul>	Do not skip a meal before treatment. Get up slowly after the treatment.			
Aggravation of your condition	<ul style="list-style-type: none"> <li>▪ Any therapy</li> </ul>	It is possible that your condition could be aggravated. This is uncommon but it can occur.			

Please complete the following details:

Current Prescription Medications:

Vitamins/Minerals/Supplements/Herbs

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you experience easy bruising or have a bleeding disorder? \_\_\_\_\_

Do you experience frequent infections or easily develop skin infections? \_\_\_\_\_

Do you have any allergies or sensitivities to any foods, medications or any substance at all? Yes/No

Please list all allergies/sensitivities \_\_\_\_\_

Please give the name and location of your usual Doctor/Health Practitioner:

\_\_\_\_\_

Do you consent to us contacting your Doctor/Health Practitioner to discuss your health? Yes/No (please circle and initial).

Please tick if you have or have ever had any of the following: *(sample list – can be extended as needed)*

Diabetes	Yes/No
Cancer	Yes/No
Hepatitis	Yes/No
HIV/AIDS	Yes/No
Are you Pregnant?	Yes/No
Do you have Chronic Fatigue?	Yes/No
Do you faint easily?	Yes/No
Do you have a pacemaker?	Yes/No

Please be aware that the above information is required in order for this practice to provide you with appropriate health care services and failure to answer all questions will affect our ability to deliver these services to you.

I understand that the risks outlined above are possible and agree to undergo treatment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_