

Cosmetic Acupuncture Registration

Patient Name: _____ Date: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

SKIN CARE HISTORY

1. Please check any of the following which are of most concern to you:

- | | | |
|--|--|--|
| <input type="radio"/> Acne / Acne Scarring | <input type="radio"/> Droopy Eyelids | <input type="radio"/> Wrinkles: |
| <input type="radio"/> Rosacea | <input type="radio"/> Bags/Swelling Under Eyes | <input type="radio"/> Nasolabial (nose to mouth) |
| <input type="radio"/> Sun Damage | <input type="radio"/> Premature Hair Graying | <input type="radio"/> Eyes (crow's feet) |
| <input type="radio"/> Large Pores | <input type="radio"/> Vertical Creases/Furrows | <input type="radio"/> Lips |
| <input type="radio"/> Oily Skin | <input type="radio"/> Sagging Skin | <input type="radio"/> Neck |
| <input type="radio"/> Dry/Dull Skin | | <input type="radio"/> Other: _____ |
| <input type="radio"/> Double Chin | | |
| <input type="radio"/> Jowls | | |
| <input type="radio"/> Other conditions/issues: _____ | | |

2. Please describe AND mark below, the concerns you have about your face and/or skin, in order of importance to you:

1. _____
2. _____
3. _____
4. _____
5. _____



3. What improvements would you like to see?

4. Please indicate any adverse reactions you may have had to past cosmetic procedures, if applicable:

5. Describe any allergies (medicines, cosmetics, environmental, foods) or skin sensitivities.

6. Do you wear makeup daily? Yes / No Do you wear sunscreen daily? Yes / No

7. Do you suffer from any bleeding or clotting disorders? Yes / No

If yes, please describe: _____

8. Do you bruise easily? Yes / No

9. Please describe your current skin care regimen and products that you use. (Toner, astringent, masks, moisturizers, etc.)

10. Please check all procedures you have had or are currently undergoing:

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> Botox injections | Date(s): _____ | <input type="checkbox"/> Laser procedures | Date(s): _____ |
| <input type="checkbox"/> Collagen injections | Date(s): _____ | <input type="checkbox"/> Threading (Lift) | Date(s): _____ |
| <input type="checkbox"/> Restalyne | Date(s): _____ | <input type="checkbox"/> Rhytidectomy | Date(s): _____ |
| <input type="checkbox"/> Silicon injections | Date(s): _____ | <input type="checkbox"/> Blepharoplasty | Date(s): _____ |
| <input type="checkbox"/> Mesotherapy | Date(s): _____ | <input type="checkbox"/> Brow or Coronal lift | Date(s): _____ |
| <input type="checkbox"/> Microdermabrasion | Date(s): _____ | <input type="checkbox"/> Other: _____ | Date(s): _____ |
| <input type="checkbox"/> Chemical peels | Date(s): _____ | | |

11. Do you suffer from migraines or frequent headaches? Yes / No

If yes, how often? _____

COSMETIC ACUPUNCTURE CONTRAINDICATIONS

12. Check all that apply to you:

- Bleeding Disorders
- Cancers
- Chronic Dizziness/Vertigo
- Compromised Immune System
- Coronary Artery Disease (and other heart-related issues)
- Chronic Headaches/Migraines
- Pituitary Disorders
- Pregnant
- Seizures or Epilepsy
- Uncontrolled High Blood Pressure

CONSENT FOR COSMETIC ACUPUNCTURE

A Cosmetic Acupuncture treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Chinese Medicine, there are pathways of circulation that flow throughout the entire body. Therefore, it is possible for Cosmetic Acupuncture to address the constitution and function of the entire body, making it not merely a “cosmetic” treatment. Your treatments may include other modalities and will be explained if they are required for your care.

BENEFITS

Cosmetic Acupuncture can improve skin and muscle tone, decrease puffiness around the eyes, firm sagging skin and eliminate or reduce fine lines and wrinkles. Typically, fine wrinkles disappear and deeper ones get reduced. Cosmetic Acupuncture involves patients in a gradual, healthful process customized for each person.

ALTERNATIVE TREATMENTS

Treatment for sagging skin, wrinkles and excess puffiness under the eyes may be attempted by other treatments or surgery such as surgical facelift, liposuction, injections and laser treatments. Risks and potential complications including allergic reaction, scarring, nerve damage, lumpiness, swelling and permanent discoloration are associated with these alternative forms of treatment.

RISKS OF COSMETIC ACUPUNCTURE

In undertaking any procedure, it is important that you understand the risks involved. Cosmetic Acupuncture patients should understand potential complications, side effects or risks as listed below:

- a. **BLEEDING AND BRUISING-** It is possible, though very unusual, to experience bleeding during a treatment. As with acupuncture in general, when a needle is removed some minor bleeding may occur. Occasionally, a bruise or hematoma may appear and will resolve itself.
- b. **ASYMMETRY-** Facial structures are naturally asymmetrical. Thus, there can be a variation from one side to another in the results attained from a Cosmetic Acupuncture treatment.
- c. **NERVE INJURY-** Injury to the motor or sensory nerve very rarely results from cosmetic acupuncture treatments. Such injuries may improve over time. Injury to the sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Nerve scarring is very rare.
- d. **NEEDLE SHOCK –** This is a rare complication that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, please let your Acupuncturist know, immediately.
- e. **UNSATISFACTORY RESULTS –** There is the possibility of not achieving desired results.
- f. **ALLERGIC REACTION –** In rare cases, local allergies to topical preparations have been reported. Allergic reactions may require additional treatment or discontinuation of treatment.
- g. **DELAYED HEALING –** Is a rare complication. Smoking and certain health conditions such as diabetes and chronic fatigue may delay the healing response of any of the aforementioned risks.

LONG TERM EFFECTS

Subsequent changes in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, stress, or other circumstances not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the Cosmetic Acupuncture treatment while non-compliance will adversely affect the longevity of the treatment. Additionally, future treatments may be necessary to maintain the results.

HEALTH INSURANCE

As with most cosmetic procedures, most health insurance does not cover the cost of the procedure or possible resulting complications. Please contact your insurance provider with any questions about coverage.

EXPECTATIONS AND GUARANTEE

My questions regarding longevity of results and expected changes in my appearance have been answered. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

In addition to the fee for the Cosmetic Acupuncture treatments, supplement/herbal or skin care product suggestions may be made, and their cost is not included in the treatment fee.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered all-inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge, technology advances and practice patterns evolve. I may provide you with additional or different information that is based on the facts in your particular case and the present state of knowledge within the field of acupuncture.

CONSENT FOR COSMETIC ACUPUNCTURE TREATMENT

I recognize that during the course of Cosmetic Acupuncture treatments, unforeseen conditions may necessitate different procedures than those listed above. I therefore authorize the Acupuncturist to perform such other procedures required in his or her professional judgment and within his or her scope of practice. 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 undertaken.

I hereby authorize Bliss Integrative Medicine Center, LLC to perform Cosmetic Acupuncture.

My signature below indicates that:

1. It has been explained to me in a way that I understand that:
 - a. There are risks involved with the procedure
 - b. I have alternatives available to me for cosmetic improvements
 - c. How the treatment or exposure involved with the protocol will be undertaken
2. The Acupuncturist has addressed my questions and expectations
3. I acknowledge that no guarantee has been given to me by anyone at Bliss Integrative Medicine Center, LLC as to the results that may be obtained
4. If applicable, I authorize the release of medical information. In that same vein, I have received a copy of the clinic's HIPAA statement

Patient Signature / Date

Practitioner Signature / Date