



FACIAL REJUVENATION ACUPUNCTURE CONSENT FORM

Isis Acupuncture, LLC
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I _____ understand that acupuncture and other modalities of Oriental Medicine (including but not exclusive to – acupuncture, acupressure, massage, herbs, aromatherapy, direct and indirect moxibustion, cupping, and electrical stimulation) may cause minor discomfort and may irritate the skin or leave a mark, bruise, or burn.

I understand that if my condition worsens, I should get in touch with the treating acupuncturist and/or seek other appropriate medical care.

I realize no claims, promises, or guarantees are being made, and I accept full responsibility for the risk and effectiveness of all treatment.

I acknowledge that I have been advised to see an M.D. or other appropriate practitioner for my condition(s).

I do not have any of the following contraindications for this treatment:

- High blood pressure
- Migraines
- Diabetes
- Cancer
- Hepatitis
- AIDS
- Hemophilia
- Any pituitary disorder such as a tumor
- Acute cold/flu
- Allergy
- Herpes outbreak
- Pregnancy

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PRACTITIONER

DATE