

Cosmetic Acupuncture Intake Form



Amanda Conway-Jones R.Ac

Y N N/A

Are you currently receiving any medical procedures or treatments?

Are you currently pregnant or trying to become pregnant?

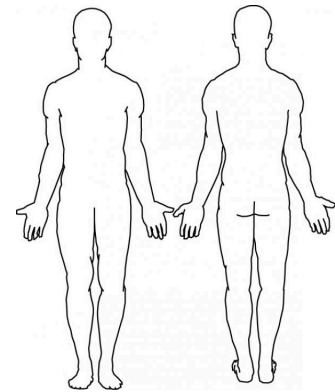
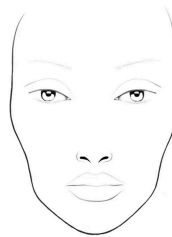
Do you currently smoke?

Are you currently taking any medications?
If yes please list.

Do you have any skin conditions? (eczema, psoriasis, acne, etc)
If yes please list.

Do you have any allergies? (topical, cosmetic, or food allergies)
If yes please list.

Please circle on figure areas of cosmetic concern.



What are your cosmetic concerns?



Cosmetic Acupuncture Waiver Form

I _____ am aware that Acusculpting[®] uses a wide variety of techniques including: the application of intra-dermal single use sterile needles, cupping, tui na, gua sha, acupressure, and the topical application of products.

I _____ am aware that noted techniques listed above can include some common side effects including mild bruising redness, and slight irritation. I understand that the results of Acusculpting[®] may vary for each patient depending on a variety of factors.

I _____ fully understand the treatment(s) included in the Acusculpting[®] protocol and have been explained to by my practitioner of expectations, limitations, and potential side effects of this procedure. I understand that by signing this document I am consenting that I understand the Acusculpting[®] protocol. I also understand that I can remove my consent for treatment and anytime.

Patient Name (Printed)

Practitioner Name (Printed)

Patient Signature

Practitioner Signature

Date Signed

