

www. juliet -acupuncture.co.uk

Acupuncture / Facial acupuncture/ Guasha / Cupping/Tuina

This form is used to ensure that you, the patient, recognise your rights with regards to the treatment you receive from the above named practitioner.

- I understand that payment can only be made by cash. Bank transfer is available 24hr before treatment.
- I understand that I am solely responsible for my health and the treatment I am given by the practitioner may not substitute medical intervention from my GP.
- I know that the personal information provided within the consultation will be held in strict confidentiality and will not be passed on to the third parties without my consent.
- I understand that by its very nature, acupuncture and other modalities of Chinese Medicine may cause discomfort, marks or bruising.
- I do not expect the practitioner to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the practitioner to exercise judgment during the course of treatment which the practitioner thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.
- I understand that the practitioner also has the right to withdraw the treatment procedure or the further treatments.
- I understand that I am not entitled to a refund once I have received a treatment.
- I am aware that I will be liable to pay the full fee if I fail to give 24 hours notice for the cancellation of the appointment or do not turn up for the agreed treatment.

I confirm that I have read and understood the above and I give my consent for the practitioner to proceed to the treatment procedure.

Date:

Signed: