YONGE ♦ FINCH
CHIROPRACTIC
& HEALTH CENTRE

Shant Filo R.Ac
Acupuncturist

Consent for Acupuncture Health Care

Patient's Name: ____ Date: ____________________

The Initial Assessment will address your chief complaint so that the Acupuncturist will come to a working diagnosis and recommend an appropriate treatment plan.

I have been informed of the nature of my disorder(s) and of the nature and purpose of Acupuncture procedures and related therapeutics proposed as treatment. I have also been informed of the possible consequences and risks inherent in such treatment. The availability of alternative treatment options has been explained to me. I have also been advised of the possible consequences if I decide not to receive care. I understand that there is no guarantee or warrant for any specific care or result.

I understand that I am responsible for paying the full appointment fee if I do not give 24 hours notice of change or cancellation. ***To secure payment, I am authorizing Yonge Finch Chiropractic & Health Centre to charge my credit card for all outstanding balances.***

☐ **Visa or** ☐ **MC # ______________________________________ EXP __________**
(please check card type)

I have read the above paragraphs and I understand the information provided. This information has been explained to me and all questions which I have asked have been answered to my satisfaction.

I therefore authorize the certified acupuncturist (Shant Filo, D.Ac) and/or anyone working in this clinic authorized by the certified acupuncturist to proceed with acupuncture care and treatment.

Patient's Signature: ____ Date: ______________

Doctor's Signature: ____ Date: ______________

When the Patient Is a Minor or Unable to Consent:

Patient is a Minor _______ years of age. Patient's Name: ______________________________

Person legally authorized to sign for patient:

Name: ____ Date: ____________________

Signature of Authorized Person: ______________________________ Date: ____________________

Practitioner's Signature: ________________________________ Date: ____________________

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