

HOOLE ACUPUNCTURE CLINIC
78-76 Faulkner Street, Hoole, Chester, CH23BE

ACUPUNCTURE QUESTIONNAIRE AND CONSENT FORM

PATIENT DETAILS	
Name _____	Date of Birth _____
Address _____ _____	Telephone _____

PATIENT MEDICAL HISTORY			
Do you (Does the patient, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?			
	YES	NO	DETAILS
Heart condition/angina			
Blood pressure problems			
Epilepsy/seizures			
Haemophilia/blood clotting disorders			
Blood borne virus, e.g. Hepatitis B/C or HIV			
Skin complaints, e.g. psoriasis, eczema			
Diabetes			
Allergic response, e.g. to anaesthetics, jewellery			
Do you regularly take any blood-thinning medication? e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Covid Information:			
Have you tested positive with Covid 19 in the last 5 days?			
Have you had a fever or persistent dry cough in the last in the last 5 days?			
Are you or anyone you live with 'clinically vulnerable or extremely vulnerable'?			

I declare that the information I have provided on medical history is correct to the best of my knowledge and hereby give consent for acupuncture to be carried out by the practitioner. I confirm that I have been informed of potential complications that are sometimes associated with the procedure and appropriate aftercare that may be required and I understand that, because my treatment may involve touch and close physical proximity, there may be an elevated risk of disease transmission, including Covid-19. I give consent to the practitioner to retain the details provided on this form for a period of 7 years from today. The details will not be shared with a 3rd party without your consent.

Signature of Patient _____ Date ____/____/____

General Data Protection Regulation (GDPR) Consent Form: As clinic customer we may occasionally send you texts or emails to inform you about your treatments or appointment booking changes or important changes to our services that may affect you. To continue to provide you with important updates on your treatments and booking times we request your consent / opt-in to stay in touch with you. We will never provide your details to a 3rd party or send you marketing information.

Yes: opt me in Sign here: _____