

## CONSENT FOR TREATMENT

I, \_\_\_\_\_, hereby request and CONSENT to treatment utilizing any combination of the following: acupuncture, herbal prescriptions, Chinese physical therapy (tui na), homeopathic medicine, physical therapy, exercise therapy, joint mobilizations, massage therapy to be performed by practitioners at Meridian Health Centre.

I understand with acupuncture treatment that there are some very slight risks to treatment, including but not limited to: bruising, minor bleeding, pain and discomfort. I understand that sterile, single use needles are used in all treatments.

I authorize sharing of relevant health information between Meridian Health practitioners for the purpose of treatment coordination.

I have had the opportunity to discuss with office/clinic personnel the nature and purpose of therapies mentioned above. I understand that results are not guaranteed.

I have read the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above-mentioned modalities of treatment. I intend this consent form to cover the entire course of treatment for any and all conditions treated at Meridian Health Centre.

\_\_\_\_\_  
(Patient/Guardian Signature)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Meridian Health Centre

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