

COSMETIC WELLNESS CONSENT FORM

The purpose of cosmetic wellness treatment and facial rejuvenation is to create a younger and more vibrant appearance. A facial rejuvenation treatment involves facial massage, the insertion of acupuncture needles as well as other treatments to the face, neck, and the body to reduce the visible signs of aging. According to the theory of Traditional Chinese Medicine, there are meridians or pathways of Qi(energy) that flow throughout the entire body. Therefore, it is possible for facial rejuvenation to address the energy of the entire body making it not merely a “cosmetic” treatment. Your complexion reflects the result of the state of Qi in your entire body. As with all Traditional Chinese Medicine treatments, like acupuncture, facial rejuvenation involves the patient in a gradual, healthful process that I customize for each individual. Your treatments may include other modalities in conjunction with massage and acupuncture and will be explained if they are required for your care. Facial rejuvenation is no way analogous or a substitute for a surgical facelift.

In receiving facial rejuvenation you may experience some of the following changes:

- Improved muscle tone
- Decreased puffiness around the eyes
- Firming of sagging skin
- Elimination or reduction of fine wrinkles
- Even skin tone and improved luster of your complexion

OTHER TREATMENTS:

Treatment for sagging skin of the jowl and neck, wrinkles, excess skin above and below the eyes, and excess puffiness under the eyes may be corrected by various methods including, but not limited to, surgical facelift, chemical peels, liposuction, injections, surgical threading, and laser treatments. Risks and potential complications including death, severe scarring, nerve damage, sloughing of the skin, lumpiness, swelling, allergic reaction, and permanent discoloration are associated with these other forms of treatment. **Please make sure to report if you have had any western interventions such as injections and/or fillers(Botox, Juvederm, Dysport, Restylane). I can still perform a facial rejuvenation treatment that integrates with these interventions.**

Other treatments I have had in the last 3 years: _____

I have not had any other treatments in the past 3 years(Initial). _____

RISKS OF FACIAL REJUVENATION

In undertaking any procedure, it is important to understand the risks involved with receiving facial rejuvenation. Although most patients receiving this technique do not experience complications, the potential side effects or risks are listed here:

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1. Bleeding and/or bruising- as with acupuncture in general, when a needle is removed some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. Topical or internal remedies will be discussed to address bruising if it occurs. If swelling persists, please contact practitioner.
2. Infection- at the needle site is very rare after an acupuncture treatment because the needles are sterile. If you suspect infection at the needle site (i.e. redness, swelling, or warm to the touch), please contact the practitioner. Additional treatment or referral to your M.D. may be necessary.
3. Damage to deeper structures- Facial rejuvenation uses a very shallow insertion of needles to the skin. Deeper structures such as blood vessels, nerves, and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.
4. Symmetry- All facial structures are naturally asymmetrical. Results may vary from side to side due to the natural asymmetry, previous injuries on one side of the body, or severity of symptoms from one side or the other.
5. Nerve Injury- Injury to the motor or sensory nerves very rarely results from facial acupuncture. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to the sensory nerves of the face, neck, and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is extremely rare.
6. Needle Shock- Needle shock is a rare occurrence that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, please let the practitioner know immediately.
7. Allergic Reaction- In some cases, local allergies to topical preparations may occur. Systemic reactions that are more serious may occur when herbs are used during an acupuncture treatment. Skin testing is done prior to application of any herbal preparations. Allergic reaction may require additional treatment or discontinuation of treatment.
8. Delayed Healing- Delayed healing is a rare complication. Smoking and certain health conditions such as diabetes, chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.
9. Unsatisfactory Results- It is important to understand that you are not having a surgical procedure. The alternatives, risks, and comparisons of surgical procedures versus acupuncture have been discussed and outlined in this document. Please discuss any questions with the practitioner before treatment begins.

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LONG TERM EFFECTS

Following your facial rejuvenation treatments, changes in facial appearance may occur as a result of the normal process of aging, weight-loss or gain, sun exposure, stress, illness, or other circumstances not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the facial rejuvenation treatment while non-compliance will adversely affect the longevity of the facial rejuvenation treatment. Additional, future treatments may be the necessary to maintain results.

HEALTH INSURANCE

As with most cosmetic procedures, most health insurance companies do not cover the cost of the procedure or complications resulting from the procedure. Please contact your insurance company if you have questions about coverage.

EXPECTATIONS AND GUARANTEE

It has been explained that Cosmetic Acupuncture is not a surgical procedure. Your questions regarding longevity of results and expected changes in your facial appearance have been answered. Although good results are expected, there is no guarantee or warranty either expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The fee for Facial Rejuvenation includes:

Initial Consultation and Treatment \$165.00 90 minute treatment includes; constitutional and facial acupuncture, all-natural exfoliation, all-natural facial mask, all-natural facial toner, all-natural facial serum, facial massage, neck/shoulder massage, arms/hand massage, facial gua sha treatment, facial steaming throughout the treatment, and general wellness tips/custom treatment plan according to cosmetic wellness goals.

All-inclusive Cosmetic Wellness Reset \$1800.00 Twelve, 90 minute treatments, facial and constitutional acupuncture, facial herbal mask, facial massage and collagen stimulation, facial exfoliation, BEMER vascular red light therapy to improve blood circulation, facial steam, facial guasha, all patent herbs included, diet and lifestyle goals addressed. MUST BE USED WITHIN 8 WEEKS UPON PURCHASE DATE.

I understand the financial responsibilities: _____ (initial)

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DISCLAIMER

Informed consent documents are used to communicate information about the proposed procedure along with disclosures of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered an all-inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis or all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as a practice patterns evolve. The practitioner may provide you with additional or different information that is based on the facts in your particular case and the present state of knowledge within the field of acupuncture.

I have read the document, had my questions answered by the practitioner, understand the expectations and risks associated with Facial Rejuvenation, and consent to the treatment.

Sign: _____ Date: _____

Printed Name: _____

Patient's Rights:

- Patients are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known.
- Patients may seek a second opinion from another health care professional and may terminate therapy at any time (see fee schedule, late policies, early termination terms).
- In a professional relationship, sexual intimacy is never appropriate and should be reported immediately to the Director of the Division of Registrations in the Department of Regulatory Agencies.

This clinic complies with all rules and regulations promulgated by the Colorado Department of Public Health, including the proper cleaning and sterilization of needles and the sanitation of the acupuncture office. The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies. Any complaints should be directed to:

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Denver, CO 80202

Reset Medical Solution's
Patient Health History

Full Legal Name: Date:

StreetAddress

City: State: Zip:

Phone: DOB: Age: Gender: M/ F

Marital Status: Occupation:

Hours per week: Employer:

Email address:

Emergency Contact: Phone: Relationship:

Referred by (So I can thank them!) or how you heard of me

Chief Complaint/Reason for visit:

Please list any food, drug, topical, or environmental allergies that you know of:

Current Medications

Please list all prescription medication (including hormones or birth control pills), over-the-counter medications, vitamins, herbs, or supplements you are taking and your reason for taking them:

- 1) Dosage: Reason:
2) Dosage: Reason:
3) Dosage: Reason:
4) Dosage: Reason:
5) Dosage: Reason:
6) Dosage: Reason:

Do you smoke cigarettes? YES/ NO If yes, how many per day?

Do you drink alcohol? YES/ NO If yes, how many drinks per week?

Are you pregnant or have any reason to believe you may be pregnant? YES/ NO

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