# Woodley Bioenergetics

Classical Chinese Medicine & Mitochondrial Science

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BAcC Member No: 959441 RCHM Member No: MRCHM-2016-912


## Patient Information and Informed Consent Form

Please complete the following information before your first appointment. This information helps your practitioner understand your health history and provide safe, appropriate care.

| | |
|---|---|
| **Name:** | **Patient Ref:** (office use only) |

| | |
|---|---|
| **Address:** | **Date of Birth:** |
| | **Occupation:** |
| **Phone:** **Email:** | **GP Practice:** |

| | |
|---|---|
| **Emergency Contact:** | **Name / Relationship:** |

### Medical Information

Do you currently have, or have you previously experienced, any of the following? Please tick Yes or No. If yes, provide further details below.

| | YES | NO |
|---|---|---|
| Heart condition, angina or blood pressure problems | | |
| Epilepsy, seizures, fainting or unexplained loss of consciousness | | |
| Bleeding disorders or problems with blood clotting (e.g. haemophilia) | | |
| Blood-borne infection (e.g. hepatitis B, hepatitis C, HIV) | | |
| Diabetes | | |
| Skin conditions (e.g. eczema, psoriasis) | | |
| Allergies or sensitivities (e.g. drugs, metals, jewellery, latex, food) | | |
| Pacemaker or implanted electrical/electronic medical device | | |
| Currently pregnant, or think you may be pregnant | | |
| A diagnosis of cancer, or received cancer treatment? | | |
| Surgery, serious illness, or been admitted to hospital within the last 12 months | | |
| Regular prescribed medication, supplements or herbal remedies | | |

Please provide details below if you answered "yes" to any of the questions.

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# Treatment Information and Consent

## Informed Consent

Before treatment begins, your practitioner will discuss your condition, the proposed treatment approach, expected benefits, possible risks, and any reasonable alternatives (including choosing not to receive treatment). You are welcome to ask questions and may seek advice from other healthcare professionals, including your GP, before deciding whether treatment is appropriate for you.

*Consent is ongoing. You may ask questions, request changes, or withdraw consent at any time.*

## Available Treatments and Techniques

The treatments available from this practitioner may include:

**Acupuncture:** Fine sterile needles are inserted into selected points and may be gently stimulated manually or with mild electrical stimulation.

**Moxibustion and Light Therapy:** Heat or light-based techniques may be used to support therapeutic effects at selected points or areas of the body. These may include traditional moxa (burning mugwort), far-infrared TDP lamps, or near-infrared light devices.

**Massage**: Traditional Chinese massage and manual bodywork techniques (*Tui Na* 推拿).

**Cupping and Gua Sha**: Techniques using suction cups or smooth-edged tools applied to the skin.

**Herbal Medicine**: Chinese herbal medicine may involve herbs taken internally as teas, powders, tablets or tinctures, or applied externally as creams, oils or compresses.

You may also receive advice on exercises, diet and lifestyle as the practitioner sees appropriate.

## Risks

Research suggests that acupuncture and other Chinese medicine approaches are generally safe when provided by appropriately trained practitioners. The risks and safety information below is based on published clinical research and professional guidance [1-9]. As with all healthcare treatments, however, there are potential risks and side effects.

**Acupuncture** is considered a safe treatment when performed by a properly trained practitioner. The most common side effects are minor bruising or bleeding, temporary soreness, tiredness, dizziness or nausea[2,4]. Rare complications such as infection, pneumothorax (a rare lung complication), or nerve injury have been reported but are extremely uncommon [2,3].

Please inform your practitioner if you feel unwell, anxious, hungry, thirsty, overheated or uncomfortable.

**Moxibustion** and **cupping** may rarely cause burns or skin irritation [1]. Some temporary redness and warmth following treatment is normal.

**Massage** and manual therapies are generally safe but may occasionally cause temporary soreness, discomfort or aggravation of symptoms, particularly if deeper pressure or manipulation is used [5].

**Cupping** and **gua sha** commonly produce temporary skin marking, redness or bruising.

**Herbal medicine** may cause allergic reactions, side effects or interactions with medication [6-9]. It is therefore important that you disclose all medicines, supplements and health conditions. Herbs prescribed by this practice are sourced from reputable suppliers selected according to professional quality standards.

## Aftercare

Try to keep any treatment sites clean immediately after treatment. It is generally best to avoid strenuous activity and you may feel that you want to rest afterwards. Sometimes people feel a dull ache at the needle sites for a time. This is normal and nothing to worry about.

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If you experience any effects after treatment that you are concerned about, please contact your practitioner and/or seek medical attention. For example, if a needle site becomes red or inflamed. If you develop severe chest pain or difficulty breathing following treatment involving the upper back or shoulder area, seek urgent medical attention.

If you experience any unexpected or concerning effects from taking herbs, stop taking them and contact your practitioner and/or seek medical advice. This may include symptoms such as allergic reactions, rash, digestive symptoms, unusual fatigue, or other changes that concern you. Seek urgent medical advice if you experience severe abdominal pain, yellowing of the eyes or skin, or dark urine.

## Confidentiality & Safeguarding

Your notes and personal information will normally remain confidential except in exceptional circumstances. This may include situations where there is a serious concern for your safety or the safety of others, safeguarding concerns, or where disclosure is required by law. Every effort will be made to discuss this with you wherever appropriate.

## Treatment Preferences or Restrictions

Please state below any specific treatments, techniques or approaches that you do not wish to receive, or any preferences you would like your practitioner to be aware of:

Your practitioner will discuss any recommended treatments with you, including their purpose, potential benefits and risks, before they are provided. You may change your preferences or withdraw consent at any time.

## Declaration

☐ I have read this form and had the opportunity to ask questions. I have discussed what the treatment is likely to involve, the benefits and risks, and any available alternatives (including no treatment). I will inform my practitioner if there is anything I am uncomfortable with.

☐ I understand that consent is ongoing and that I may ask questions, request changes, or withdraw consent at any time.

☐ I understand that I must disclose my medical history, illnesses, medication, supplements and relevant health information to my practitioner, and update this information when it changes.

☐ I understand that my practitioner will keep confidential records of my consultations and treatments. These records will be stored securely and retained in accordance with professional and legal requirements. My personal information will normally remain confidential but may be shared where necessary for my care, where there is a safeguarding concern, where there is a serious concern for my safety or the safety of others, or where required by law.

☐ I understand that my clinical records will be retained for the period required by applicable professional, legal and insurance requirements, after which they will be securely destroyed.

☐ I understand that there is a 48-hour cancellation policy, after which a cancellation fee equal to half the cost of the session is due. Cancellation on the day incurs a full fee.

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# Confirmation and References

## Signature Confirmation

**By signing below, I confirm that the information I have provided is accurate and represents my current health information to the best of my knowledge.**

(printed and returned or e-signed)

**Print Name:** _____ **Date:** _____

## Marketing Preferences

☐ I would like to receive occasional updates from the clinic, including educational information, events, services and relevant offers. I understand that I can unsubscribe at any time and that this choice does not affect my treatment.

## Evidence Supporting Safety Information

The following references support the safety information provided in this document:

1. Bäumler P, Zhang W, Stübinger T, et al. Acupuncture-related adverse events: systematic review and meta-analyses of prospective clinical studies. *BMJ Open* 2021;11(9):e045961. doi: 10.1136/bmjopen-2020-045961
2. Witt CM, Pach D, Brinkhaus B, et al. Safety of acupuncture: results of a prospective observational study with 229,230 patients and introduction of a medical information and consent form. *Forschende Komplementärmedizin* 2009;16(2):91-97. doi: 10.1159/000209315
3. White A. A cumulative review of the range and incidence of significant adverse events associated with acupuncture. *Acupuncture In Medicine: Journal Of The British Medical Acupuncture Society* 2004;22(3):122-33.
4. MacPherson H, Thomas K, Walters S, et al. The York acupuncture safety study: prospective survey of 34 000 treatments by traditional acupuncturists. *BMJ Clinical research* 2001;323(7311):486-87.
5. Enst E. The safety of massage therapy. *Rheumatology* 2003, 42(9):1101–6
6. MHRA. *ABRHP and HMAC: annual report 2020*: 13-20.
7. MHRA. *Public perception of herbal medicines*. 2014.
8. HMAC. Safety, regulation and herbal medicines: a review of the evidence. 2014.
9. Walker, DR. *Report on the regulation of herbal medicines and practitioners*. 2015.