

Facial Rejuvenation Acupuncture Registration

Your questionnaire provides valuable information which helps us understand the underlying causes of your health concerns. All questions contained in this history form are strictly confidential and will become part of your medical record on file.

PATIENT NAME: _____

Date: _____

SKIN CARE HISTORY

1. Please check any of the following which are of most concern to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bags / swelling under eyes | <input type="checkbox"/> Vertical creases / furrows | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Sagging face | <input type="checkbox"/> Premature graying of hair | <input type="checkbox"/> Acne scarring |
| <input type="checkbox"/> Wrinkles | <input type="checkbox"/> Droopy eyelids | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Nasolabial (nose to mouth) | <input type="checkbox"/> Double chin | <input type="checkbox"/> Sun damage |
| <input type="checkbox"/> Eyes (crow's feet) | <input type="checkbox"/> Oily skin | <input type="checkbox"/> Large pores |
| <input type="checkbox"/> Lips | <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Broken capillaries |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Lusterless skin | <input type="checkbox"/> Protruding temporal veins |

☐ Other skin conditions / issues: _____

2. What improvements would you like to see?

3. Please describe any skin sensitivities or allergies:

4. Do you wear makeup daily? ☐ Yes ☐ No Do you wear sunscreen daily? ☐ Yes ☐ No

5. Please describe your current skin care regimen and products that you use. (Toner, astringent, exfoliation, masks, etc.):

6. Do you go to tanning booths? ☐ Yes ☐ No Do you participate in vigorous aerobic activity or sport?? ☐ Yes ☐ No

7. Do you get facial waxing / electrolysis / or use depilatories? ☐ Yes (wait approximately 5 days between treatments.) ☐ No

8. Please check all procedures you have had or are currently undergoing:

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> Botox injections | Date(s): _____ | <input type="checkbox"/> Laser procedures | Date(s): _____ |
| <input type="checkbox"/> Collagen injections | Date(s): _____ | <input type="checkbox"/> Threading (Lift) | Date(s): _____ |
| <input type="checkbox"/> Restalyne | Date(s): _____ | <input type="checkbox"/> Rhytidectomy | Date(s): _____ |
| <input type="checkbox"/> Silicon injections | Date(s): _____ | <input type="checkbox"/> Blepharoplasty | Date(s): _____ |
| <input type="checkbox"/> Mesotherapy | Date(s): _____ | <input type="checkbox"/> Brow or Coronal lift | Date(s): _____ |
| <input type="checkbox"/> Microdermabrasion | Date(s): _____ | <input type="checkbox"/> Other: _____ | Date(s): _____ |
| <input type="checkbox"/> Chemical peels | Date(s): _____ | | |

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Introduction

A facial acupuncture treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." Facial acupuncture involves the patient in an organic and gradual process that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift." A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

Benefits

Facial rejuvenation acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion and flesh out sunken areas. Customarily, fine wrinkles will disappear and deeper ones will be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

Alternate Treatment

Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

Risks of Facial Rejuvenation Acupuncture

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with facial rejuvenation acupuncture. An individual's choice to undergo facial rejuvenation acupuncture is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of facial rejuvenation acupuncture.

- **Bleeding:** It is possible, though very unusual, that you may have problems with bleeding during facial acupuncture. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise (hematoma), which will resolve itself.
- **Infection:** Infection is extremely unusual after facial acupuncture. Should an infection occur, additional treatment may be necessary.
- **Damage to Deeper Structures:** Deeper structures such as blood vessels and muscles are rarely damaged during the course of facial rejuvenation acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- **Asymmetry:** The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.
- **Bruising and Puffiness:** There is a possibility of bruising (hematoma), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
- **Nerve Injury:** Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.
- **Needle Shock:** Needle shock is a rare complication after a facial acupuncture treatment.
- **Unsatisfactory Result:** There is the possibility of a poor result from facial rejuvenation acupuncture. You may be disappointed with the results.
- **Allergic Reactions:** In rare cases, local allergies to topical preparations have been reported. Allergic reactions may require additional treatment.
- **Delayed Healing:** Delayed wound healing or wound disruption is a rare complication experienced by patients in the aftermath of facial acupuncture. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.

Long Term Effects

Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to facial rejuvenation acupuncture. Facial acupuncture does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of facial rejuvenation acupuncture.

CONSENT FOR FACIAL ACUPUNCTURE PROCEDURE OR TREATMENT

1. I hereby authorize licensed acupuncturists and such assistants of Cincinnati Acupuncture Clinic, LLC as may be selected to perform facial rejuvenation acupuncture. I have received the INFORMED CONSENT FOR FACIAL REJUVENATION ACUPUNCTURE.
2. I recognize that during the course of the facial rejuvenation acupuncture treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the acupuncturists and assistants or designees of Cincinnati Acupuncture Clinic, LLC to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I authorize the release of my Social Security Number to appropriate agencies for legal reporting and medical device registration, if applicable.
5. It has been explained to me in a way that I understand:
 - a. The above treatment or exposure to be undertaken
 - b. There may be alternative procedures or methods of treatment
 - c. There are risks to the procedure or treatment proposed

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-5). I AM SATISFIED WITH THE EXPLANATION.

Patient's Name (Printed)

Patient's Signature

Date

Representative's Name (Printed)

Representative's Name Signature

Date

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship to patient