



2221 Keele Street, Suite 302
Toronto, ON M6M 3Z5
Phone:416-759-8099
Fax:416-759-9085
www.iwellness.ca

ACUPUNCTURE FEE SCHEDULE

Regretfully the Ontario Government does not cover Acupuncture services, however, please note that many third party insurance coverage plans (through the workplace) still cover for these services. Patients should understand that they are required to pay for all services rendered and reports provided.

Motor vehicle accident clients or WSIB patients will not be required to pay up front for services rendered but will be held responsible for these fees and interest should coverage for their conditions become unavailable.

The service fees for regular or non-MVA treatments are as follows:
(Other fees are listed on the clinic website.)

INITIAL VISIT	\$80.00
30 Minute Acupuncture	\$50.00
45 Minute Acupuncture	\$70.00
60 Minute Acupuncture	\$85.00

All patients will receive a receipt at the end of the visit schedule for their records and/or submission to a third party insurance company.

Print Patient's Name:

Date Signed: _____

Signature of Patient

Please note that 24-hour appointment cancellation notice is required to avoid charges.



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PATIENT INFORMATION ABOUT ACUPUNCTURE

Please read this information carefully and ask your practitioner if there is anything that you do not understand.

WHAT IS ACUPUNCTURE?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body.

IS ACUPUNCTURE SAFE?

Acupuncture is generally safe . Serious side effects are very rare-less than one per 10.000 treatments.

DOES ACUPUNCTURE HAVE SIDE EFFECTS? YOU NEED TO BE AWARE OF THAT:

- Drowsiness occurs after treatment in a small number of patients, and if affected you are advised not to drive.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- pain during bleeding occurs in about 1 % treatments.
- Existing symptoms can get worst after treatment (less than 3% of patients). You should tell your acupuncturist about this , but it usually a good sign.
- Fainting can occur in certain patients particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

IS THERE ANYTHING YOUR PRACTITIONER NEEDS TO KNOW?

Apart from the usual medical details? It's important that you let your Practitioner know?

- If you have ever experience a fit, faint or funny turn
- If you have a pacemaker or any other electrical implants
- If you have a bleeding disorder
- If you are taking any anti-coagulants or any other medications
- If you have damage heart valves or have any other particular risk of infection.

Simple-use, Sterile, disposable needles are used in the clinic.

STATEMENT OF CONSENT

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment. I understand that I can refused treatment at anytime.

PATIENT NAME: _____

SIGNATURE: _____ DATE: _____

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INFORMED CONSENT FORM FOR ACUPUNCTURE

PLEASE READ CAREFULLY:

I undersigned, do hereby give my voluntary consent to the administration of medical acupuncture and other ancillary techniques as deemed appropriate by my treating therapist.

Acupuncture has been explained to me as a therapeutic treatment performed by the insertion of single-use, Sterile, disposable needles . The needles are inserted through the skin, into the underlying muscles and tissues at specific points on the body for the purpose of alleviating pain, relieving pressure on nerves, improving mobility and re-establishing normal function.

Ancillary techniques of acupuncture may include one or more of the following:

- Electro-acupuncture : where the needles are electrically stimulated at various frequencies to increase the therapeutic benefit
- Dry needling: where the muscles are briefly needled by an acupuncture needle, held in a needle holder, to release trigger points and spasms
- Cupping: Where suction are applied to specific points or regions of the body

I understand that there is the possibility of temporary complications which results from the above listed procedures, which include , but not limited to minor bleeding, bruising, soreness, nausea, weakness, fatigue, fainting or aggravation of existing symptoms for a short time. On the rare occasion, an individual may experience an infection, convulsion or stuck needles.

I further state that the following do not exist in my current state of health and I will immediately notify the practitioner of any changes:

- | | | |
|-----------------|---------------------|------------------------------|
| >Pregnancy | >Local Infections | >Pace Maker |
| >Anticoagulants | >Bleeding Disorders | >Elevated Risk Of Infections |

I do not expect the acupuncture practitioner to be able to anticipate and explain all possible risks and complications. I wish to reply on the therapist, to exercise proper judgement during the course of the treatment to make decisions based upon my best interests.

I hereby certify that I have read the above information and have had my questions answered to my satisfaction. By signing below, I agree to the above-mentioned acupuncture procedures.

Print Patient's Name:

Date Signed: _____

Signature of Patient:

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