

ACUPUNCTURE

PATIENT QUESTIONNAIRE AND INFORMED CONSENT FORM

1. Are you now or have you recently been on any medications? Yes ___ No ___
If the answer to #1 is yes, what are they? _____
2. Are you now are have you ever been on blood thinners or anticoagulants? Yes ___ No ___
3. Have you ever taken cortisone or other drugs for arthritis? Yes ___ No ___
4. Do you bleed easily? Yes ___ No ___
5. Have you ever been told you have a heart problem? Yes ___ No ___
6. Do you have a pacemaker or another device that has been surgically implanted in your body? Yes ___ No ___
7. Have you ever had hepatitis or has your skin ever turned yellow in color? Yes ___ No ___
8. Have you ever had a venereal disease or been in contact with AIDS? Yes ___ No ___
9. Have you ever received a blood transfusion? Yes ___ No ___
If so, when? _____ How many units? _____
10. Do you faint easily? Yes ___ No ___
11. Have you ever used drugs: i.e., Heroin, Cocaine, etc? Yes ___ No ___
12. Have you ever been sexually abused? Yes ___ No ___

Meridian Therapy (Acupuncture) is an Oriental procedure that is still being researched and investigated in the country. Please read the following statements that relate to this procedure; this is to comply with guidelines formulated by the FDA. (If you cannot read, this will be read to you for your consideration).

1. I, the undersigned, hereby authorize and direct Dr. Ahmadiyar and associates to administer acupuncture, which involves the insertion of needles or staples at one or more points in the body, or the application of other Oriental forms or Meridian Therapy he may feel necessary at the time.
2. I understand that any and all questions posed by me regarding the procedure of acupuncture to be used will be answered by Dr. Ahmadiyar or his assistants prior to receiving my initial treatment.
3. I understand that the exam and treatment may require that I partially disrobe and that if, for any reason I wish to have an assistant present during any part of the exam I will be free to ask for one.
4. I understand that in no matter have I been warranted or guaranteed a beneficial result from treatment by acupuncture.
I have read the above statements, and I consent to the use of acupuncture and realize that it is not the standard treatment in the community.

Date _____ Patient's Signature _____

Parent/Guardian _____

Dr. Amir H. Ahmadiyar, Clinic Director

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