

# Acupuncture and Holistic Care

for Wellness and Pain Management

570-728-3438 Dr Krista J Essler DTCM, LAc acu17961.com

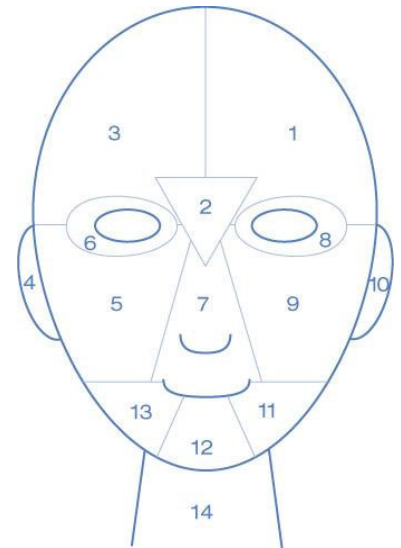
3 Sculps Hill Road, Orwigsburg, PA 17961

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile number: \_\_\_\_\_ email: \_\_\_\_\_

Mark main area of treatment with "1". If you want to add another area (for a secondary charge), mark with "2"

- Hair** (including eyebrows)
- Acne & Scarring**
- Face** (mark areas that need extra attention on right)
- Neck and Decollete/Cleavage**
- Age Spots, Scar, Sun Spot & Acne** (mark on right)
- Eye Lid Lift** (nanoneedling)
- Eye Bags & Under Eye Hollowing** (nanoneedling)
- Lips** (nanoneedling)



Type numbers that correspond to areas of extra concern:

## Other Health Concerns

- Area(s) of Pain:** \_\_\_\_\_
- Insomnia**       **Anxiety/Stress**       **Allergies:** \_\_\_\_\_       **Digestive**
- Energy**       **Hormonal issues:** \_\_\_\_\_       **Environmental Sensitivities**
- Headaches**       **Autoimmune:** \_\_\_\_\_       **Other Diagnosis:** \_\_\_\_\_

List any medications you are currently taking:

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List any supplements you are currently taking:

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## **Micro/Nano Needling Informed Consent:**

Acupuncture and cosmetic Acupuncture involves the insertion of special needles into particular points on the body. Micro- and Nano-needles are used in sweeping motions over larger areas of the skin. There are some risks to treatment, including the possibility of bruising of the skin and/or slight bleeding, weakness, fainting, and/or the aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. Acupuncture and Holistic Care uses only one-time use, sterile disposable needles. Acupuncture and Holistic Care does not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you have a bleeding disorder, pacemaker, high blood pressure, or local infection we can still treat you but we should be made aware of your condition. By signing below you state that you have informed your acupuncturist of such conditions.

## **Privacy Policy**

In accordance with HIPAA (Health Insurance Portability and Accountability Act) regulation and state laws, Acupuncture and Holistic Care takes the right to your privacy seriously. Therefore, we do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission. This also includes online services we might provide, including access to your appointment information, user-ID, or password. As healthcare practitioners and administrators, we are also responsible for staying up-to-date with HIPAA regulations and for properly training all staff members and new employees to ensure that your personal health information is not compromised.

## **Result Guarantees:**

While cosmetic Acupuncture has been clinically shown to work; we want to remind you that everyone's body, skin, and repair process works differently. The purpose of cosmetic Acupuncture is to create a younger and more vibrant appearance. Please be advised that this treatment is not a surgical procedure and cannot be compared to a surgical facelift or hair replacement.

Acupuncture and Holistic Care cannot be held liable or bear any responsibility for the actions or results of actions of its Members, nor can we provide guarantees as to the success, or results of treatments delivered by Acupuncture and Holistic Care.

## Microneedling or Collagen Induction Therapy:

I consent to the treatment of Microneedling to be carried out upon myself. I have also been informed that Microneedling is the insertion of very fine needles into the skin for the purpose of rejuvenation.

The Microneedling treatment allows for controlled induction of hyaluronic acid, and/or growth factor serums, into the skin's self-repair process by creating micro injuries in the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result can be a smoother, firmer and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a sterile needle head and are usually completed in 30-60 minutes.

### Contraindications:

**Absolute Contraindications:** Accutane within 6 months, scleroderma, collagen vascular disease, cardiac abnormalities, blood clotting problems, platelet abnormalities, anticoagulation therapy (i.e.: Warfarin), active skin cancer, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria), diabetes and other chronic conditions, active bacterial infections, fungal infections, immune-suppression, scars less than 6 months old, and Botox/facial fillers in the past 2-4 weeks. Treatment is not recommended for patients who are pregnant or nursing.

\_\_\_\_\_ initial \_\_\_\_\_ date

**Precautions:** It is recommended to wait 3 months after skin cancer removal (consult surgeon if unsure), keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

\_\_\_\_\_ initial \_\_\_\_\_ date

### Side Effects Typically Include:

- Skin will be pink or red and may feel warm like mild sunburn, or tight and itchy. All of which typically subsides in 12 to 48 hrs.
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising and swelling may occur.
- Pinpoint bleeding.
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare but if you see any signs of tender redness or pus notify the office immediately.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.
- Permanent scarring is extremely rare.

I have been informed about the treatment, procedure, indications, expected results and possible side effects.

Although the results are usually noticeable, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment.

*I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the Acupuncturist and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability **Acupuncture and Holistic Care** or any of its officers, directors and/or employees for any condition or result, known or unknown that may arise as a result of any treatment that I receive.*

### **Near and Far Infrared Light Therapy:**

I consent to near and far infrared light therapy treatments. There are no side effects known so far. It is a completely safe and painless technique. There is no risk of burning. There are no absolute contraindications to light therapy but caution should be observed in some cases comprising of:

- Eyes vulnerable to photo toxicity
- Tendency towards mania
- Photosensitive skin
- Use of photosensitizing medicine or herbs

**I UNDERSTAND AND AGREE TO THE TERMS ABOVE, THE INFORMED CONSENT, PRIVACY POLICY, RESULTS GUARANTEE AND I AM FULLY AWARE THAT THIS CONTRACT IS BINDING.**

**NAME:**

**SIGNATURE:**

**DATE:**