

Hawthorn Holistic Health

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Dr. Lindsay Chimileski ND, LAc

Dr. Matthew Robinson ND



Name	Birthday
Address	Phone
Gender	Email
Is this your first time getting Acupuncture?	Are you pregnant or trying?
Existing Medical Conditions:	Medications:
Emergency Contact:	Phone:
ALL Known Allergies:	History of anaphylaxis?

*Run out of room? Please list additional information on back of page

YOGA NIDRA and ACUPUNCTURE CONSENT

Please read the following statements and ask if you do not understand and consent to treatment.

- I hereby request and consent to the performance of Acupuncture and Traditional Chinese Medicine (TCM) procedures by Dr. Lindsay Chimileski, ND. I have had the opportunity to discuss and understand the nature and purpose of Acupuncture and TCM treatments with the acupuncturist named above and/or with other office or clinic personnel.
- I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that can last a few days. I realize that although rare, there have been few instances fainting, infections, scarring, spontaneous abortion and pneumothorax.
- I understand it is imperative to tell the acupuncturist if I am PREGNANT or trying to get pregnant because although safe with pregnancy, specific rules and cautions must be used by the practitioners.
- **ACUPUNCTURE:** insertion of sterile, one time use solid needles to medically safe areas of the body to enhance the movement of qi in the meridians. Infrequently this may cause bleeding or bruising and rarely infection at the site of needle insertion.
- **YOGA:** I choose to participate in the yoga class offered by Hawthorn Holistic Health LLC and recognize that some yoga classes require physical exertion which may cause physical injury. I am fully aware that there are possible risks involved. I understand that it is my responsibility to consult a physician prior to participating in yoga classes. I warrant that I am physically fit and do not have medical conditions which would prevent my participating in yoga classes. I recognize the suggested poses should be approached in a gentle fashion. If any movement brings discomfort, I know to tell the instructor, modify the pose as deemed necessary to my physical needs. I agree to assume full responsibility for any injuries sustained and I release Hawthorn Holistic Health, LLC from any and all liability as a consequence of my participation in yoga classes.
- I recognize additional elements like sound healing, burning incense and aromatherapy may be used and it is my duty to tell the physicians if I have had an adverse reaction to any of these in the past.
- I recognize these services are not a substitute for medical treatment and that it is recommended that I see a physician for any physical ailment(s) that I may have.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient or Guardian Print Name: _____ **Date:** _____

Patient or Guardian Signature: _____ **Date:** _____