

# Consent Form

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- I give my consent to allow Attilio D'Alberto to perform treatment on my body.
- I understand that some acupuncture points can feel uncomfortable and induce sensations such as sharpness, dullness, throbbing and even electrical.
- Sensitive information provided by myself will not be discussed or disclosed to any other qualified healthcare professional unless disclosure is necessary for satisfactory treatment.
- I am aware that if I do not turn up for my treatment or cancel within 24 hours of the appointment, I will be liable to pay the full fees for the missed appointment.
- I agree to the fees set out on [www.attiliodalberto.com](http://www.attiliodalberto.com)
- I understand that sometimes bruising may occur and that it will fade away after a short period of time.
- I understand that additional 'homework' treatments, if given, may cause marks on the skin.
- I am aware that as herbal prescriptions are tailor made, they are non-refundable.

I have read and understand the above information and hereby give my consent for treatment with acupuncture and/or Chinese herbal medicine.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_