



HOLT CHIROPRACTIC & ACUPUNCTURE CLINIC

Jeffrey W. Holt, DC • DABCA

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ACUPUNCTURE INFORMED CONSENT

Acupuncture is performed by the insertion of PRE-STERILIZED, DISPOSABLE acupuncture needles through the skin and/or the application of heat or electrical stimulation to the skin, or both, at certain points on the body. Although rare, certain side effects may result from acupuncture such as:

- Some pain at the site of needle insertion
- Minor bruising
- Needle sickness
- Broken needles

I understand that acupuncture is not a substitute for medical examination, diagnosis, or treatment and that I should see a medical doctor, osteopath, or other qualified medical specialist for any mental or physical ailment of which I am aware.

Name Date

RECORDS RELEASE AUTHORIZATION

I authorize the use of this form on all my insurance submissions.

I authorize release of information to all my insurance companies.

I authorize Dr. Jeffrey W. Holt to act as my agent in helping me obtain payment from my insurance companies.

I authorize payment direct to Dr. Jeffrey W. Holt.

I permit a copy of this authorization to be used in place of the original.

I direct my previous health care providers to release my previous medical records to Holt Chiropractic & Acupuncture Clinic.

Name Date

CONSENT TO TREAT A MINOR CHILD

I authorize Dr. Jeffrey W. Holt to administer acupuncture care as deemed necessary to my child

Name Date