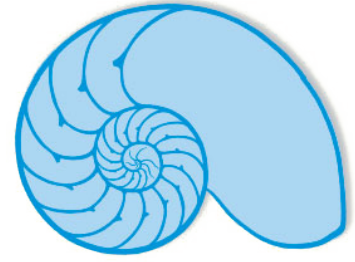


Stillpoint Acupuncture & Craniosacral Therapy

10 Scotland St, Nelson
ph 03 545 7988



Charlotte Stuart

Mac, RN, NZRA member, ACC Provider

Consent and Information for Stillpoint Cancer Pod Group

I agree to receiving the following modalities; Acupuncture, Moxibustion, foot Massage and Craniosacral therapy.

I understand that these modalities are offered as auxiliary treatments for the purpose of settling symptoms associated with cancer, chemotherapy and radiation and are not offered as a cure.

I understand that acupuncture comes with certain risks such as bleeding, bruising, infection and organ puncture but that these risks are rare.

I understand I will be around other immune compromised people and respect this by not attending if I have a cold or flu.

I understand that any documentation generated or shared with Stillpoint Acupuncture clinic will remain confidential and will be shredded when I have left the group.

I understand that any personal sharing between participants or with practitioners will remain confidential and not discussed outside of the group.

I have read and agree to the consent as set out above.

I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek.

Signed _____ Date _____