

PATIENT CONSENT AND WAIVER FORM

Battlefield Acupuncture (BFA) Treatment

Patient Details – please use block capitals:

Full Name:	
Date of Birth:	
Address:	
Mobile:	
Email:	

1. What is Battlefield Acupuncture?

Battlefield Acupuncture (BFA) is a rapid-onset auricular (ear) acupuncture protocol originally developed by Dr Richard Niemtow of the United States Air Force. The technique involves the insertion of tiny, semi-permanent ASP gold needles into **up to five specific points** on the external ear. These points correspond to areas of the brain associated with pain modulation. **BFA is used as a complementary approach to pain management and is not intended to replace conventional medical treatment.** The needles are designed to remain in place for several days before naturally falling out on their own. The procedure may produce temporary effects such as mild discomfort at the insertion site, light-headedness, drowsiness, or a brief vasovagal response. Rarely, minor bleeding, localised infection, or bruising at the needle site may occur, which usually go away on their own.

2. Confirmation of Absence of Contraindications

Please read each statement below carefully. By ticking each box you confirm that the statement applies to you. If you are unable to tick all boxes the treatment cannot proceed.

- I confirm that I am not pregnant.
- I confirm that I do not have a known aversion to needles and have no history of vasovagal response (fainting or feeling faint) in connection with needle use.
- I confirm that I do not have an active infection present in or on either ear.
- I confirm that I do not have any bleeding disorder and that I am not currently taking any anti-coagulant medication (such as but not limited to warfarin, heparin, rivaroxaban, or similar).
- I confirm that I do not have any current or previous keloid scar formation on either ear.
- I confirm that I am currently experiencing pain for which I am seeking complementary treatment.

(form continues on the next page)

3. Consent and Acknowledgement

By signing below, I confirm and acknowledge the following:

- (a) I have read and understood the explanation of battlefield acupuncture set out in Section 1 of this form, and I have had the opportunity to ask questions about the treatment.
- (b) I have been informed of the potential risks and side effects of the procedure, including but not limited to: mild discomfort, light-headedness, drowsiness, minor bleeding, bruising, localised infection, and vasovagal response. I accept these risks.
- (c) I confirm that the information I have provided in this form is true and accurate to the best of my knowledge, and I accept that providing false or incomplete information may affect the safety of the treatment.
- (d) I understand that battlefield acupuncture is a complementary therapy and does not replace any medical treatment, medication, or advice provided by my general practitioner or other healthcare professional.**
- (e) I understand that I may withdraw my consent and discontinue treatment at any time without giving a reason.
- (f) I consent to the practitioner carrying out the battlefield acupuncture procedure on me, which involves inserting up to five tiny gold-plated ASP needles on each ear.
- (g) I acknowledge that the practitioner's entire liability to me in connection with this treatment shall be limited to the fee paid for the treatment session only.
- (h) I understand that my personal data will be processed in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, and will be held securely and used only for the purposes of my treatment and related record-keeping.

4. Patient signature

I have read and understood the above terms and agree to them.

Signature:

Date:
