

Restorative Yoga & Acupuncture Workshop

With Holly Leever, L.Ac. & Rebecca Kennedy

Name: _____ Date of Birth: _____

E-mail Address: _____

Medications: _____

Injuries, surgeries, major health concerns: _____

Please circle: Male/Female/Other

If female, is there a possibility you could be pregnant: Y/N

Which area would you most like to focus on today, please circle; pain, stress, sleep, circulation.

Would you like to have acupuncture today: Y/N

Are you comfortable with topical application of essential oils: Y/N

In the interest of spreading the word about future events, we will be taking a few photos today. Do you consent to being photographed: Y/N

I, _____, hereby authorize Holly Leever, L.Ac. to perform acupuncture therapy. This treatment involves the insertion of thin sterilized needles at points on the surface of the skin. Needles are left in for 20-30 minutes.

Potential Benefits: This treatment allows for facilitation of the healing process and will assist in balancing the body's energies. The treatment may also help to improve sleep, promote relaxation and alleviate pain.

Potential Risks: There may be slight discomfort at the time of needle insertion. This passes quickly. Occasionally, some light-headedness may occur. Also, there may be some slight bleeding when the needles are withdrawn. Rare, but possible other effects include weakness, fainting, nausea, bruising, and physical discomfort.

The nature, consequences, potential risks and benefits have been fully explained to me. I voluntarily consent to the above procedures and hereby release Holly Leever L.Ac. from any and all liability.

Participant Signature

Date