



## Patient Consent Form

In order for us to provide treatment for your condition(s) it is necessary for you to give your informed consent. Such treatments may include electrical stimulation which has the following contraindications:

- Pacemaker**
- Pregnancy**
- Epilepsy/Seizures (no treatment above the neck)**
- Cancer**

Electrical stimulation or “e-stim,” involves the use of electric devices such as TENS (Transcutaneous Electrical Nerve Stimulation), or MENS (Microcurrent Electrical Nerve Stimulation).

I have read and understand all of the above information and by signing below I consent to treatment.

I understand that I may not receive treatment until I understand this consent form and have signed it.

**Patient’s Name (Print)**

\_\_\_\_\_

**Patient’s Signature (Parent’s Signature is required if patient is under 18 years old)**

\_\_\_\_\_

**Today’s Date** \_\_\_\_\_