



CORE
COUNSELING

CONSENT FOR TREATMENT WITH ALPHA-STIM Cranial Electrotherapy Simulation

1) I understand that I have the right to information about the Alpha-Stim treatments. I have been provided information and have discussed the use of Alpha-Stim with my provider and I understand the potential benefits and minimal risks associated with this therapy.

a) Alpha-Stim may provide substantial relief for the indicated treatments of anxiety, insomnia, and depression. Some individuals may experience noticeable results after a single treatment while others may require more frequent treatments for a longer period before desired results are achieved.

INITIALS _____

b) Alpha-Stim may produce mild and self-limiting adverse effects such as slight dizziness, slight skin irritation (at earclip or electrode site), or a mild headache. Prolonged treatments at currents higher than necessary may cause dizziness or nausea that can last for varying durations. A reduction in current levels can eliminate these reactions.

INITIALS _____

c) Alpha-Stim is contraindicated for use with individuals with implanted demand-type pacemakers and implanted defibrillators AND with women who are pregnant.

INITIALS _____

d) As with any therapeutic intervention, not all people will respond to Alpha-Stim. The degree to which an individual will respond depends on the nature of the problem being treated, the overall health of the person, and with the method of treatment. Additional treatments may be necessary to reach the desired results.

INITIALS _____

In signing this consent form, I am stating that I fully understand and agree to the Alpha-Stim treatment that I will receive. I also understand that I can terminate the Alpha-Stim treatments at any time.

Name (printed): _____

Signature: _____

Date: _____