

**PAIN CENTER NJ
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CONSENT FORM FOR AURICULAR THERAPY

Auricular therapy is a form of acupuncture using a needle-less stimulation of the external ear for alleviating pain and dysfunction in other parts of the body. The stimulation will be produced by electrical currents.

Contraindications for auricular therapy include pregnancy and patients with pacemakers. I will inform my acupuncturist if any of these conditions exist.

I am also aware that auriculotherapy may mask an underlying condition or delay a more exact diagnosis where alternative therapy may be known to be indicated. I understand that I must continue to remain under the care of my primary care or specialist physician for the current medical problems.

Certain medications or social habits are known to lessen the potential results of auricular therapy these include alcohol, tobacco, steroids or narcotics. I have informed my physician acupuncturist of any substances included in this list.

The rare but possible side effects of auricular therapy include tenderness and inflammation of the ear itself. The nature and consequences of the above treatment have been fully explained and the undersigned is convinced that the treatment is in the best interest of the patient but that no guarantee of results has been made.

I understand that it usually requires a series of treatments to significantly change my condition. I have read the letter presented to me, discussed the charges and have made payment arrangements to complete this series of treatments.

Patient's Signature

Date