

NEPEAN PAIN MANAGEMENT
Consent Form - Scrambler Therapy

Surname:

First Name:

Date of Birth:

Address:

Part A: Provision of information to patient (to be completed by medical practitioner)

I
(insert name of medical practitioner)

have informed.....
(insert name of patient/parent/guardian)

undergoing **Scrambler Therapy** as a treatment for chronic/persistent pain as an outpatient, non-sedation day procedure in the facility at 60 Derby Street Kingswood NSW 2747. This consent covers daily Scrambler Therapy at this or similar facility for approximately ten (10) treatment sessions. This is a non-invasive treatment. I have explained the nature of the procedure and approximate duration of each session. All patients participating in this therapy are expected to complete the necessary questionnaire. The information gained from the questionnaire and Scrambler Therapy clinical sessions will be de-identified and may be used for research purposes.

Part B: Patient consent (to be completed by patient/parent/guardian)

The doctor whose name appears in Part A has discussed my present condition and has offered **Scrambler Therapy** for my chronic/persistent pain condition. Details of the procedure have been explained to me and I am well informed. By signing this consent, I agree to attending all pre-arranged sessions at this treatment facility. I am informed that there will be no expected side effects to this therapy.

I have fully disclosed that the following medical conditions do not apply to me, as any of the below render me unsuitable for Scrambler Therapy: pacemaker, aneurysm/vena cava clips, skull plate, recent myocardial infarction, congestive cardiac failure, epilepsy, unstable and untreated mental illness, current or history of illicit drug/chemical abuse, ongoing use of spinal/peripheral stimulator implant, current pregnancy or breast feeding.

The doctor has informed me that the Scrambler Therapy will be carried out with professional care and that the treatment may not achieve the intended outcome.

I have been given the opportunity to ask questions of the doctor whose name appears above and understand the nature of the procedure and possible outcome.

I understand that I may withdraw my consent any time prior to the therapy sessions.

I understand and consent to Scrambler Therapy as outlined in Part A.

.....
Signature of patient/parent/guardian

.....
Print name

.....
Date

.....
Medical Practitioner

.....
Print name

.....
Witness

.....
Print name