



The TMS Center of NJ
David Sikowitz M.D.
Kerry Kornett, APN

55 North Gilbert Street
Suite 2203
Tinton Falls, New Jersey 07701

(732) 740-7675 Telephone
(732) 842-0100 Fax
www.thetmscenterofnj.com

Consent for Treatment

I, _____ consent to the rendering of medical care, which may include psychotherapy, medication or neuromodulation treatment of mental illness and any such treatment as David Sikowitz MD deems necessary. I understand that I am not compelled to engage in psychotherapy, take medication and/or participate in brain stimulation and I may decide to stop it at any time. I understand that it is my responsibility to promptly notify David Sikowitz MD if there are any unexpected changes in my condition and/or if any problems arise relating to my treatment and/or if I do decide to terminate treatment. I also understand that although David Sikowitz MD believes that psychotherapy, medication and/or neuromodulation will help me, there is no guarantee that my condition will improve or as to the results that might be expected. I understand that I have the right to consent or to refuse consent, to any proposed procedure or therapeutic course.

Patient or Patient's Legal Representative Signature

Legal Representative's Name & Relationship

Date