## **Aspire Health Options**

669 W 100<sup>th</sup> Ave Denver, CO 80260 (720) 999-0002 www.aspirehealthoptions.com

## Instructions for Clients Receiving Semi-permanent Needles in the Ear/SAAT

Aspire Health Options was responsible for identifying an allergy point as part of a treatment protocol through the specialized ear micro system of acupuncture. Small semi-permanent needles have been inserted transdermally in your ear for SAAT treatment purposes by a licensed acupuncturist.

You are advised to do the following for the best results:

- Avoid exposing the treated ear to water.
- Needles are to be left in the ear for approximately three weeks.
- As best you can, limit exposure to the allergen being treated. We understand there are some allergens that cannot be completely avoided such as dust mites, pollen, etc.
- To remove the needle at home, have another person use tweezers to grab the circular end of the needle and gently pull out.
- Normally, no pain is felt at the site of the needle unless the area is touched, you sleep on that side or you apply equipment on the ear such as telephones.
- As soon as you experience any continuous irritation or itching, spontaneous pain at the site of the
  needle, or if the area appears red, please remove the involved needle immediately as instructed. It
  is imperative that you do so immediately as these signs may signal the beginning of an infection
  or inflammation.
- If you do experience any unusual feelings as a result of the insertion of the needles, remove the needles immediately.
- Needles must be removed prior to the three week period if you need to undergo an MRI.

I hereby acknowledge receiving and understanding the above instructions. Although we believe this treatment to be effective, I understand that no guarantees have been stated or implied by anyone administering the treatment with respect to the outcome of the above listed procedure(s).

| Name (Printed)            |      |
|---------------------------|------|
|                           |      |
|                           |      |
| Client/Guardian Signature | Date |