



Informed Consent: Galvanic Skin Response Testing (GSR) and Meridian Stress Assessment (MSA)

Procedure: The testing system used in this office measures electrical conductivity at 58 key points on the hands and feet. These points create “circuits” in your body related to specific organs and systems. A metal probe is touched to the skin surface at each point to collect the data. The process is quick, non-invasive and comprehensive. This system is a FDA registered Class II device.

Counseling: Once testing is complete, data is compiled, reports produced, and recommendations are made. The Practitioner will consider dietary and lifestyle changes, herbal medicine, whole food nutritional products, flower essences, homeopathic remedies and other natural means to bring abnormal electrical patterns into equilibrium. We do not diagnose or treat disease; however, if the testing process indicates unusual findings, we will advise you to pursue medical counsel.

Questions: Your examiner will answer any questions you may have about the test and reports. All questions are important and you are encouraged to voice them.

Payment for Service: You are responsible for the payment of fees associated with testing, along with any products or remedies recommended. Our clinic offers convenient payment by cash, check, and all major credit cards.

The following fees are typically associated with MSA services:

Initial MSA scan & recommendation	\$ 280.00
Repeat MSA scan & recommendation	\$ 120.00

Important: All substances recommended are safe if taken as directed. Any adverse reactions should be reported to your Practitioner immediately. Also, please discuss any significant health concerns (i.e. Diabetes, high blood pressure, heart conditions, etc.) at the time of your first visit and update us regularly.

The testing device uses a low voltage current, for this reason if you have a pace maker or similar electronic implant, I can not perform this scan without signed consent from your primary care physician

I have read and understand the above information regarding the Galvanic Skin Response procedure and herby provide consent for testing with this equipment. I also provide consent for clinical reports and results of my case to be used for advancing clinical knowledge, research and scientific purposes, provided my identity is confidential.

Patient Name (print) _____ Date _____

Signature _____ if signing for minor