



## Informed Consent

### Galvanic Skin Response Testing (GSR) & 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 an FDA-registered Class II device.

#### Counseling

Once testing is complete, data is compiled, reports are produced, and recommendations are made. Your 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 testing indicates unusual findings, we will advise you to pursue medical counsel.

#### Questions

Your practitioner will answer any questions you may have about the test and reports.

#### Payment

You are responsible for payment of fees associated with testing, along with any recommended products or remedies. We accept cash, check, and all major credit cards. Check with your HSA and FSA for coverage.

 *Initial MSA Scan & Recommendation: \$295.00 • Repeat MSA Scan & Recommendation: \$145.00*

#### Important Notes

All recommended substances are safe when taken as directed. Report any adverse reactions to your practitioner immediately. Please discuss significant health concerns (Diabetes, high blood pressure, heart conditions, etc.) at your first visit and update us regularly.

The testing device uses a low-voltage current. If you have a pacemaker or similar electronic implant, testing cannot proceed without signed consent from your primary care physician.

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

**Patient Name (print):**

**Date:**

**Signature:**

*Check if signing on behalf of a minor*