

Restorative Health Care P.C.

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Informed Consent Agreement for Sensitivity Testing

Patient Name: _____ Telephone: _____

Address: _____

The MSA (Meridian Stress Assessment) is a device whose function is to assess stress within the energy pathways of the body. It is not a diagnostic tool for disease identification. The MSA-21 can help restore functional health by recommending remedies that restore balance to affected energy paths.

I desire to be tested to determine possible undesirable reactions to various substances that are natural constituents of my diet, environment or body chemistry. I understand that the testing procedure to be used is not generally employed by the majority of physicians for this purpose.

I understand that other methods of allergy testing and treatment are available. These have been described to me.

I understand that I may decline to participate in electrodermal testing and can choose instead to have other allergy testing, including a scratch test or blood tests for antibodies.

We do not diagnose or treat. We do not want to replace your medical doctor or medical treatments.

Payment in full is expected at time of service.

I understand that the MSA is not a diagnostic tool and is used as an assessment tool only. I will not hold Restorative Health Care, P.C. or Heather Wisniewski, D.C. liable for any adverse effect on my health; nor will I hold Restorative Health Care, P.C. or Heather Wisniewski, D.C. liable if I choose to go against my doctor's medical advice.

Patient Signature: _____ **Date:** _____

Legal Guardian: _____ **Date:** _____

Relationship to patient: _____