



The Brain Gym  
111 East 3rd Street  
Suite 213B  
Rifle, CO 81650  
970-665-9956

## Information and Consent Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

### **Informed Consent**

#### **WHAT IS IASIS MCN: Micro Current Neurofeedback?**

IASIS MCN: Micro Current Neurofeedback supports the brainwaves, at rest, to become quieter, and at work, more flexible in their functioning. This involves measuring and recording electrical signals from the scalp and using the frequencies of those signals to guide the speed of a feedback signal. The extremely weak electromagnetic pulses come from the EEG cables and will be neither visible nor “feel-able”. The recorded EEG signals influence the electromagnetic feedback; and the feedback in turn, changes the quantity and frequency of the recorded brainwave signals.

While the overall record of the use of IASIS MCN: Micro Current Neurofeedback is quite successful, there can be no guarantee of success in your particular instance. Before you give your consent to be treated, please read the following and ask as many questions as are necessary for you to understand this process.

## **BENEFITS:**

The IASIS MCN: Micro Current Neurofeedback system has been shown in clinical use to bring about significant improvements in a relatively brief process of therapy in physical and emotional rehabilitation. Significantly shorter rehabilitation is of great importance in time, money, and patient hopes.

You may experience an end to the problems affecting you since your head injury and/or psychological trauma, and to the problems that have interfered with your ability to function in your life.

The return of clarity, energy during the day, sleeping at night, a sense of humor, motivation to get things done, ease of getting things done, memory, ability to read and listen with little or no distraction, and the absence of depression, irritability, impatience, and explosiveness have been observed repeatedly.

## **ALTERNATIVES:**

None of the alternative treatments to IASIS MCN: Micro Current Neurofeedback treatment appear to act as rapidly as IASIS MCN: Micro Current Neurofeedback. Other forms of brainwave biofeedback, also known as EEG biofeedback, are also being used to treat the effects of head injuries.

While the long-term effects of using electrical field feedback as we use it is unknown, for reference, a cellular telephone generates a signal at least millions of times the power of the IASIS.

**MCN:** Micro Current Neurofeedback feedback signal. The intensity of our field is less than a trillionth of a watt and is on for a few seconds during each session. A background signal approximately a thousand times less than the feedback signal is also present as soon as the EEG begins to read the brainwaves. No instances of problems with the emissions from the feedback have ever been recorded.

**IASIS MCN:** Micro Current Neurofeedback is not a medical treatment and is no substitute for effective standard medical treatment. If you need medical treatment, you are encouraged to seek it.

If you are taking medication, it will be necessary to stay in close contact with your physician. It has been our observation that the need for these medications often decreases, and people may start having side effects. The types of medication include those for: sugar problems (diabetes), thyroid problems, migraines and other headaches, seizure problems, emotional, thinking, or perceptual problems, movement problems, spasticity and low or high blood pressure.

Anyone who is medically unstable should ask the therapist to consult your physician before you undertake this process. And it is important to report any odd or uncomfortable sensations or experiences to the therapist and to your physician.

IASIS MCN: Micro Current Neurofeedback has been used with approximately 75,000 patients. In clinical use, the IASIS MCN: Micro Current Neurofeedback device has been observed to be significantly helpful for the following issues:

Depression

Post-traumatic stress disorder symptoms of:

- anxiety
- hypervigilance (or vigilant alertness) fears
- anger/rage
- deep sadness
- irritability and restlessness
- feelings of helplessness
- sleeping problems

Obsession/compulsions

Closed-head injury symptoms of:

- irritability and explosiveness
- loss of energy, motivation, and sense of humor
- problems of clarity, thinking and estimating clearly memory difficulties
- sleeping problems
- being unable to do more than one thing at a time problems following conversations and reading material problems
- absorbing and taking to heart what people say

Spasticity, movement, and balance problems caused by stroke and in some cases spinal cord injury

Chronic fatigue syndrome

Fibromyalgia pain

Attention-deficit and hyperactivity problems

Autism in children and young adults

**THE IASIS MCN: MICRO CURRENT NEUROFEEDBACK PROCEDURE:** The brainwave recording process some electrode gel or cream will be applied to the skin on certain sites on the head where sensors are attached behind the ears, to improve the quality of the recording. A third sensor will then be pressed to your neck as the reference or ground, and two additional sensors are moved to other scalp sites. No invasive procedures are used.

The equipment assesses a client's brainwaves -- extremely faint electrical signals measured at discrete locations on the scalp. After a short assessment of these brainwaves by a clinician, the equipment itself then generates extremely faint, battery-generated signals that the brain may respond to in beneficial ways.

During the sessions you will be asked to sit quietly. You will not be asked to think of anything in particular, or to learn anything. In fact, you will be asked to not think of any imagery or constructive thoughts. We have found that this can slow treatment progress. Your brain can detect the feedback, although you will not see or feel anything.

*You will be asked to keep track of discomforts or side effects experienced during your treatment.*

You will also be asked about your most prominent symptoms before treatment and how they change.

### **DURATION:**

You will have as many sessions as you need, each session lasting between one second and several minutes duration. The rest of the time will be spent, as needed, talking about what effects, if any, the feedback has had on you. The initial session may take 45-60 minutes in total or shorter as needed. Follow up sessions may take 25-30 minutes.

It is difficult to predict how many IASIS MCN: Micro Current Neurofeedback sessions will be required. The following estimates are based on our experience; some patients have needed fewer sessions, and occasionally a few more:

If your problem came on suddenly after a life of high functioning and you are comfortable with the longer periods of feedback, you can expect 15 – 20 sessions. This is only an average range; however, treatment may require more or less than the average figures.

If you have a lifelong history of multiple problems, you may need many more sessions.

### **RISKS:**

#### **Electromagnetic Field Side Effects:**

The intensity of our field is less than three trillionths of a watt or 3 picowatts, and less, and is on for a few seconds during each session. A background signal approximately a thousand times less than the feedback signal is also present as soon as the EEG begins to read the brainwaves. For reference, a cellular telephone generates a signal at least millions of times the power of the IASIS MCN: Micro Current Neurofeedback feedback signal. Although the long-term effects of using electrical field feedback as we use it is unknown, no instances of problems with the emissions from the feedback have ever been recorded.

#### **Seizures:**

With very few exceptions, seizure activity has not been a primary reason to seek treatment with IASIS MCN: Micro Current Neurofeedback. There have been reported seizures in those who have had prior seizures. However, IASIS MCN: Micro Current Neurofeedback appears to act as an anticonvulsant and has led to medically supervised decreases in anticonvulsants.

One of the biggest sources of seizure is a sudden decrease in anticonvulsants by the patient. We urge patients to consult their physicians and our therapists about their desires to decrease their medications of any kind.

**Brief Reactions:**

There are some potential risks of discomfort involved in participating in this treatment. On the rare occasions when the feedback is too intense or the feedback periods are too long, you may feel uncomfortable, irritable, tense and anxious. This rarely happens for more than a second at a time. If this happens, please inform the operator.

**Longer Lasting Reactions:**

You may experience one or two-week periods of anger, fear, and irritability during the treatment. You may feel as if you have tremendous energy to do things or feel very tired. These longer-lasting reactions have especially tended to occur with feelings that people have been struggling to control for a long time. While these feelings can be intrusive and bothersome, it has been the experience of previous patients that they can still function. At times however, support from your own therapist or physician may be useful and should be relied upon.

You must report any and all medications you use while you participate in the treatment and are not to change your medications without informing your therapist and your physician.

***Initial here:*** \_\_\_\_\_

When is Something a Side Effect or a Benefit?

While we have had experience since 1990 with IASIS MCN: Micro Current Neurofeedback and its antecedents, and are familiar with many of its benefits and side effects, it is sometimes difficult to know when a feeling, benefit, or other problem is due to IASIS MCN: Micro Current Neurofeedback, or due to something else happening, such as an on-coming cold, allergy, a stress in your life, or some other kind of physical change in you, completely unrelated to IASIS MCN: Micro Current Neurofeedback. In addition, your own background can play a very big part in the kinds of feelings you have while receiving IASIS MCN: Micro Current Neurofeedback. If you notice something and wonder about why you are experiencing it, make note of it for later discussion with us. Please write notes about your feelings and questions and bring them with you to your sessions.

**A Perspective on Side Effects from IASIS MCN: Micro Current Neurofeedback Treatment:**

Although the unexpected is always a possibility, we have always found that any side effects that have occurred in IASIS MCN: Micro Current Neurofeedback treatment were already familiar ones. In other words, the feelings and medical problems that arose have always been something that the patients have experienced and have had some trouble with in the past.

Those whose medical status is unstable are advised to consult with their physician about becoming more medically stable before undertaking this treatment. IASIS MCN: Micro Current Neurofeedback tends to lower blood pressure, which can complicate some kinds of problems such as orthostatic hypotension.

It is also important to know that when the problems have occurred during IASIS MCN: Micro Current Neurofeedback treatment, many have been a fraction of their former intensity, which means that often they have been more manageable than in the past.

Your comfort is of great importance: so, telling us about your feelings at any time will help to reduce the side effects and make sure we can best cooperate with your therapist and/or physician.

### **Between Sessions:**

While many people feel energy, ease, clarity, and happiness after an IASIS MCN: Micro Current Neurofeedback session, these positive feelings may precede feelings of fatigue, depression, and anxiety between sessions. Those “rebounding” from good feelings often feel discouraged and doubtful about their ability to finish treatment. The rebound appears to be the brain’s way of struggling to remain in the old, familiar, and dysfunctional state.

As people continue with IASIS MCN: Micro Current Neurofeedback, both the intensity of the good feelings and the unpleasant rebound periods tend to become shorter and less intense until the exaggerated feelings no longer occur. To date there have been no exceptions to this pattern.

Instead, people become clearer about the entire range of feelings they have, instead of staying numb and flat in their emotional responses.

### **Problem Cycles:**

Relief from life-long problems can be uneven. The symptoms can feel sharper, at times, than they were before; they then pass, and tend to rise less in subsequent cycles of rising and falling. Please be aware that Alcohol and or Recreational Drugs may diminish the results from your treatment.

***Initial here: \_\_\_\_\_***

### **Considerations after Treatment:**

It will be time to discontinue IASIS MCN: Micro Current Neurofeedback when you stabilize and achieve consistently better functioning. You may, however, become used to the stimulation that IASIS MCN: Micro Current Neurofeedback provides you, and go into a slump after you discontinue it. The slumps that have occurred have lasted between a few days and a month and have been less of a problem than those that brought people into IASIS MCN: Micro Current Neurofeedback treatment. During this period your body will become accustomed to being open to its own internal useful stimulation. Most of those who have received IASIS MCN: Micro Current Neurofeedback have continued to improve long after IASIS MCN: Micro Current Neurofeedback has ended.

### **BENEFITS:**

The IASIS MCN: Micro Current Neurofeedback system has been shown in clinical use to bring about significant improvements in a relatively brief process of therapy in physical and emotional rehabilitation. Significantly shorter rehabilitation is of great importance in time, money, and patient hopes.

The return of clarity, energy during the day, sleeping at night, a sense of humor, motivation to get things done, ease of getting things done, memory, ability to read and listen with little or no distraction, and the absence of depression, irritability, impatience, and explosiveness have been observed repeatedly.

**VOLUNTARY PARTICIPATION:**

You are free to withdraw your consent and discontinue participation in the treatment at any time.

**CONFIDENTIALITY:**

Your identity will not be disclosed without your separate consent, except as specifically required by law. Examples of legal requirements for breaking confidentiality are:

- Under court order
- In case of unlawful behavior such as suspected child abuse
- In case you bring legal action against the clinician or the clinician’s staff

With these exceptions, any data released or published will not identify you by name.

**PERMISSION FOR TREATMENT:**

I, a prospective client, give my full permission to Pam McKee and or Renee McKee, supervisor, or other staff of his/her office to use any data collected during the preparation and participation in the IASIS MCN: Micro Current Neurofeedback sessions, and I give up all implied and actual ownership of any data collected. I understand that when data is used, my confidentiality will be protected, and that my identity will not be revealed unless required by law (as outlined previously).

I acknowledge that I have been given an opportunity to ask questions regarding this new treatment and that these questions have been answered to my satisfaction.

***Initial here:*** \_\_\_\_\_

I acknowledge that I have read and understand the above information and agree to participate in this treatment.

***Initial here:*** \_\_\_\_\_

My consent to participate in this treatment is given voluntarily and without coercion.

***Initial here:*** \_\_\_\_\_

I understand that I may discontinue treatment at any time, and that I may refuse to consent without penalty.

***Initial here:*** \_\_\_\_\_

Pam McKee or other staff of his/her office has my permission to contact my physician or health care provider to both inform him/her of the circumstances and outcomes of my treatment and request pertinent medical information about me.

***Initial here:*** \_\_\_\_\_

I hereby give my consent to Pam McKee, or the staff of his/her office, to record both benefits and unpleasant effects from IASIS MCN: MICRO CURRENT NEUROFEEDBACK.

***Initial here:*** \_\_\_\_\_

I have read and understood the contents of this Consent document, and consent to receive this treatment.

***Initial here:*** \_\_\_\_\_

I understand that if for any reason I must cancel an IASIS session appointment giving less than 24hours' notice, I am responsible for the full value of the session and agree that I may be charged for the canceled session.

***Initial here:*** \_\_\_\_\_

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**Signature of Client/Representative**

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**Date**





*The Brain Gym  
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***MICROCURRENT NEUROFEEDBACK ASSESSMENT***

Date of assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date filled out. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

(MI) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_.

Email: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

(If patient is a minor)

School/Grade: \_\_\_\_\_

*(If applicable)*

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_.

**PERSONAL HISTORY**

**1. PAST AND PRESENT MEDICAL HISTORY** (Please list any illness/ diagnosis, physical injury, head injury – brain injury/concussion/whiplash/ falls, surgeries):

PAST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. MEDICATIONS (please include supplements):**

NAME	DOSE / REASON FOR TAKING
1)	
2)	
3)	
4)	
5)	

**3. ALLERGIES (FOOD OR ENVIRONMENTAL):**

ALLERGY TO:	REACTIONS FROM EXPOSURE
1)	
2)	
3)	
4)	
5)	

**4. FAMILY HISTORY (G = grandparents, P = parents, S = self):**

Cancer G P S	Thyroid G P S	Mental illness G P S
Heart disease G P S	Diabetes G P S	
Lung disease G P S	Autoimmune G P S	

**5. SOCIAL HISTORY (Y = yes, N = never , P = past):**

Alcohol Y N P	Antacids Y N P	Addiction Y N P
Smoking Y N P	Laxatives Y N P	
Steroids Y N P	Pain meds Y N P	

Addiction treatment(s): \_\_\_\_\_

**6. EMOTIONAL HISTORY (Y = yes, N = Never, P = past):**

Anxiety Y N P	Anger Y N P	Panic Y N P
Depression Y N P	Irritability Y N P	Abuse history Y N P
Insomnia Y N P	High strung Y N P	Food addiction Y N P
Suicidal Y N P	Fear Y N P	Eating disorder Y N P
PTSD Y N P	Guilt Y N P	OCD Y N P

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**REVIEW OF SYMPTOMS:**

**1. PAIN:**

A. Headaches:

How often? \_\_\_\_\_ Location: \_\_\_\_\_

Severity? \_\_\_\_\_

History of Migraine headache? Yes / No Triggers:

\_\_\_\_\_

B. Body/joint/limb pain? Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fibromyalgia? Yes / No

Photophobia (sensitivity to light)? Yes / No

Hyperacusis (sensitivity to/pain from sound)? Yes / No

What makes your pain better? \_\_\_\_\_

What makes your pain worse? \_\_\_\_\_

**2. SLEEP:**

Do you have difficulty falling asleep? Yes / No

Do you have difficulty staying asleep? Yes / No

How many hours do you sleep per night? \_\_\_\_\_

How many hours' sleep do you need? \_\_\_\_\_

Do you wake feeling rested? Yes / No

Nightmares? Yes / No

Additional comments:

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**3. FOCUS/CONCENTRATION/MEMORY:**

ADD/ADHD? Yes / No

Medication / Treatment: \_\_\_\_\_

Poor concentration? Yes / No      Impulsivity? Yes / No

Difficulty making decisions? Yes / No      Easily distracted? Yes / No

Racing thoughts? Yes / No      Disorganized? Yes / No

Overwhelmed by stimuli? Yes / No

**4. NEUROLOGICAL:**

Seizures? Yes / No      Stroke? Yes / No

Tremors? Yes / No      Traumatic Brain Injury? Yes / No

Vertigo? Yes / No      Tinnitus (ringing in the ears)? Yes / No

Hearing loss? Yes / No      Poor balance? Yes / No

**5. IMMUNE/ENDOCRINE/AUTONOMIC NERVOUS SYSTEM:**

Immune deficiency? Yes / No      Adrenal insufficiency?      Yes / No  
Constipation?      Yes / No      Multiple Chemical Sensitivities? Yes / No  
Asthma?      Yes / No      Irregular Menstrual Periods?      Yes / No  
Menopause?      Yes / No      Premenstrual Syndrome (PMS)? Yes / No  
Chronic Fatigue Syndrome? Yes / No

Additional comments:

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**6. GUT HEALTH:**

Constipation?      Yes / No      Loose Stool?      Yes / No  
Gas?      Yes / No      Bloating?      Yes / No

Food Sensitivities? \_\_\_\_\_

Bowel Movement at least once a day?      Yes / No

Any other Stomach/Digestion Issues:

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## 7. ELECTRO CONVULSIVE THERAPY:

Have you ever had ECT?      Yes / No

## 8. PRE-SESSION PREPERATION:

Please know that if you are currently taking medications, these may affect the progress of your treatment.

Come into your sessions without lotions or substances on your skin on your face, neck and forehead.

Do not plan to have any other treatments such as massage, dental work, chiropractic work, or therapy sessions on the same day as your MCN treatment.

Know that drinking alcohol the day of your treatment can also hinder progress and avoid drinking on the day of your treatment.

To the Best of My Knowledge the above information is correct.

Where did you hear about The Brain Gym? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

