

LENS Brief Consent

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Areas of applicability: The LENS does not diagnose or treat any specific conditions. The LENS has been successfully applied to central nervous system functioning problems, such as symptoms of migraine, traumatic brain injury, stroke rehabilitation, fibromyalgia, depression and other mood and anxiety disorders, attention, hyper-activity, explosiveness/anger, and learning problems. Controlled studies on the LENS have been and are being conducted. Several university and medical human subjects review committees have reviewed the LENS treatment and have found it to be “minimally invasive.” Please note that the LENS is neither diagnostic nor treatment specific. It is not the intention of the LENS or this practitioner to diagnose or treat any disease, mental illness or emotional issues. We are merely helping the brain with reorganization so it's better able to communicate with itself, allowing you to have a more positive and engaging response to your environment.

Effects of The LENS: The LENS tends to make functioning clearer and easier. It has increased cognitive functioning (memory, concentration, attention, ability to learn and to read, organizing, and sequencing), motivation (initiating and completing activities), and motor skills (coordination, balance, grace, recovery from paralysis). It has elevated mood as an antidepressant. It has improved sleep at night, and reduced sleepiness during the day. It has increased energy and stamina. It has reduced seizures, explosiveness, irritability, spasticity, and background anxiety. It has reduced the symptoms of migraine and fibromyalgia pain, as well as Restless Legs problems.

Side Effects: Although no significant negative side effects have been observed so far, the non-significant ones that we have seen will be discussed with you by your LENS Clinician. Your understanding of them will help you work with us to provide successful treatment. The side effects sometimes seen with the LENS are in the form of *temporary* increases of the symptoms you already have. If you experience any side effects, let your LENS Clinician know so that he/she can work closely with you to adjust the dosage. This is done the same way your medications are adjusted by your physician.

Medical Stability: You must be medically stable to engage in this treatment. Please tell your Clinician if you have any changes in medication, but especially any changes that could affect your medical stability. At times, your medical stability may be increased by reducing your medication. Your Clinician will ask you to consult your physician in these instances.

Other Treatments: Other forms of neurofeedback can have roughly the same effects and side effects as the LENS. No comparative studies have been conducted to permit objective evaluation of which is better, and under what conditions.

Discontinuing Treatment: You may discontinue treatment at any time for any reason, unless otherwise stipulated by Seacoast Neurofeedback, LLC. It is not recommended that you prematurely terminate since there would be no opportunity for progress. A minimum of 6 sessions is required to see benefit. Should you wish to discontinue treatment, please inform your Clinician. He or she will cooperate and provide copies of any records for another therapist.

Privacy: Your treatment records are private to the fullest extent of the law; that is, except in cases of potential harm to yourself or others, or in civil or criminal proceedings and with a court order.

Because people are individuals, success with the LENS is best predicted with a complete evaluation and the development of a treatment plan. The evaluation allows us to predict which symptoms will respond, and which may respond first. And, as with any intervention, there can be no guarantee of success in any particular instance. You are therefore invited to consent to be treated on the basis of this information. Before you give your consent to be treated, we want you to ask as many questions as are necessary for you to understand this process. Please continue to express your questions, observations, and concerns at any time during the treatment process.

Consent to Treatment:

I have been informed of the effects, side effects, benefits, and risks of this treatment, and give my consent to participate in it.

Name

Date