

NAET Patient Consent Form

I _____ certify that my practitioner at St. Albert Acupuncture & Wellness, does not claim to cure any illness or disease with NAET (Nambudripad's Allergy Elimination Techniques).

I understand that NAET is not a medical diagnostic procedure and therefore does not diagnose a disease. Rather, NAET gives the practitioner an indication as to the substance(s) to which the patient may have a sensitivity. NAET uses various, standard medically proven diagnostic measures and modalities (Allopathic, chiropractic, kinesiological, and acupuncture) to diagnose the patient's condition. The premise behind NAET is to desensitize a patient to a substance(s) using allopathic, chiropractic, acupuncture/acupressure, nutritional, and kinesiological principles so that the patient may not experience hypersensitive symptoms when they have future contact with them.

I understand that I am to (my dependent will) continue all medications and other treatment modalities, as they have prescribed, unless otherwise directed by the doctor who prescribed them. During the 25 hours after treatment, if I/(my dependent) get a life-threatening reaction from the allergen I/(my dependent) was treated or from some other sources, then I need to seek emergency help immediately from a physician qualified in emergency treatments, or by calling 911 or attending an emergency room at the local hospital. If I/(my dependent) am suffering from severe allergic reactions to substances, I should consult an appropriate physician and take appropriate medication (such as medication to prevent itching, tissue swelling, fever, cough, pains, infections, mental irritability, violent behaviors, etc.) to keep my/(my dependent's) symptoms under control while I/(my dependent) am treating with NAET treatments. This way, essential NAET treatments can be completed without interruption and once I/(my dependent) complete the essential NAET treatments for my/(my dependent's) condition, I/(my dependent) may not need to continue pharmaceutical drugs indefinitely.

I understand that for 25 hours after the treatment I/(my dependent) am to avoid eating, touching, breathing and coming within 5 feet or more as it was instructed by my practitioner of the substance(s) that I/(my dependent) have received treatment. If I/(my dependent) come in contact with the substance(s) for which I/(my dependent) am being treated, I realize that the treatment may not work and I/(my dependent) may have a sensitivity reaction. I understand that I/(my dependent) must return after my 25 hours avoidance period preferably within at least within 7 days, to see if I/(my dependent) have cleared for the substance(s). I fully understand that I/(my dependent) may still experience a reaction to the substance(s) of unknown severity if I/(my dependent) come in contact with them if I/(my dependent) did not clear them completely. If I/(my dependent) did not clear them completely, I/(my dependent) may require to repeat the procedure (more office visits at my cost) until I/(my dependent) clear them satisfactorily.

- After the successful completion of my NAET treatments I give permission to my practitioner to use my/(my ward's) case study in educating other similar patients or accumulating data for research purpose without disclosing my real name or address.
- I give permission to take photograph of my/(my ward's) diseased body part (e.g. in case of skin problem, etc.) to use in research or patient education purpose without disclosing my real name or address.

I have read, or have had read to me the above statements, and have had opportunity to ask questions about its content and by signing below I agree to the terms and procedures.

Patient's Signature

Date

Name of the Minor

Relationship to the minor (mother/father/guardian/husband/wife)