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NAET CONSENT FORM

I _____ certify that any of the doctors at The Center for Natural Health, LLC do 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. NTT (Nambudripad's Testing Techniques) uses various standard medically proven diagnostic measures and modalities (allopathic, chiropractic, kinesiological, and acupuncture procedures) to diagnose the patient's condition. NTT gives the practitioner an indication as to the substance(s) to which the patient may have a sensitivity. The premise behind NAET (Nambudripad's Allergy Elimination Techniques) 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 desensitized allergens.

I understand that I (my ward) am to continue all medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctor who prescribed them. During the 25 hours or after if I (my ward) get a life-threatening reaction from the allergen I (my ward) was treated or from some other source, I need to seek emergency help immediately from a physician qualified in emergency treatment, by calling 911 or attending an emergency room at the local hospital. If I (my ward) 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 ward's) symptoms under control while I (my ward) am treating with NAET treatments. This way essential NAET treatments can be completed without interruption.

I understand that for 25 hours after the treatment I (my ward) am to avoid eating, touching, breathing, and coming within 5 feet of the substance(s) that I (my ward) have received treatment or I am to take a homeopathic remedy at prescribed intervals for 25 hours. If I (my ward) come in contact with the substance(s) for which I (my ward) am being treated, I realize that the treatment may not work and I (my ward) may have a sensitivity reaction. Or, if I do not take the homeopathic remedy at the appropriate intervals, or if I ingest mint or coffee during the 25 hours, I (my ward) may have a sensitivity reaction as well.

I understand that I (my ward) must return after my 25 hours avoidance period preferably within 24 hours but at least within 7 days, to see if I (my ward) have cleared for the substance(s). I fully understand that I (my ward) may still experience a reaction to the substance(s) of unknown severity if I (my ward) come in contact with them if I (my ward) did not clear them completely. If I (my ward) did not clear them completely, I (my ward) may require repeating the procedure (more office visits at my cost) until I (my ward) clear them satisfactorily.

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

Patient or Guardian Signature

Date

Name of the Minor

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

Signature of Witness

Date