

NAET CONSENT FORM

I \_\_\_\_\_ certify that Jayne A. Sontag L.Ac. dba The Acupuncture Clinic 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. NTT (Nambudripad’s Testing Technique) 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 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 the desensitized allergens.

I have been advised to read Dr. Nambudripad’s book Say Goodbye To Illness and to get the NAET Guidebook to better understand NAET procedures, rules for treatment and what I/ my ward are supposed to avoid after treatment.

I understand that I/ my ward should 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 treated or from some other source (s), I need to seek emergency medical help immediately from a physician qualified in emergency treatments, or call 911 and go to the emergency room of a local hospital. If I/my ward am suffering from severe allergic reactions to substances, I should consult an appropriate physician and take any necessary medication to prevent itching, tissue swelling, fever, cough, pains, infections, mental irritability, violent behaviors, etc. This will keep my/my ward’s symptoms under control while being treated with NAETs. This way essential NAET treatments can be completed without interruption and with minimal discomfort.

I understand that for 25 hours after the treatment I/ my ward should avoid eating, touching, breathing, and coming within 5 feet of the substance(s) treated to the best of my ability. If I/my ward come into contact with the substance(s) treated I realize that the treatment may not work and I/ my ward could have a sensitivity reaction.

I understand that I/ my ward must return between 25 hours and one week after a treatment to see if I/ my ward have cleared 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 the substance if it was not cleared completely. If I/ my ward have not cleared the item(s) completely, it will be necessary to repeat the procedure (more office visits at my cost) until the item and all combinations are cleared satisfactorily.

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

\_\_\_\_\_  
Patient’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of minor

\_\_\_\_\_  
Relationship to ward (mother/father/guardian/spouse)

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date