

NAET INFORMED CONSENT

I _____ certify that Metta Oriental Medicine and its parishioners 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. Rather, NAET gives the practitioners an indication as to the substance(s) to which the patient may have sensitivity. NAET uses various, standard medically proven diagnostic measures and modalities (Allopathic, chiropractic, kinesiology 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 (my dependant) 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 dependant) get a life-threatening reaction from the allergen I (my dependant) get a life-threatening reaction from the allergen I (my dependant) was treated or from some other sources, 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 dependant) 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 dependants) symptoms under control while I (my dependant) am treating with NAET treatments. This way essential NAET treatments can be completed without interruption and once I (my dependant) complete the essential NAET treatments for my (my dependant) condition, I (my dependant) may not need to continue pharmaceutical drugs indefinitely.

I understand that for 25 hours after the treatment I (my dependant) am to avoid eating, breathing, and coming within 5 feet or more as it was instructed by my practitioner of the substance(s) for which I (my dependant) have received treatment. If I (my dependant) come in contact with the substance(s) for which I (my dependant) am being treated, I realize that the treatment may not work and I (my dependant) may have a sensitivity reaction.

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

After the successful completion of NAET treatments you give permission to Metta Oriental Medicine and its practitioners 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.

Patients signature

Date

Signature of Witness

Date

Name of Minor

Relationship to minor

Date