

BARTA CHIROPRACTIC
NAET CONSENT

I, _____ certify that Jeanne Barta, D.C. 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 Techniques) uses various, standard medically proven diagnostic measures and modalities (allopathic, chiropractic, kinesiological, and acupressure 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 hypersensitivity symptoms when they have future contact with the 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(s) a life-threatening reaction from the allergen, I (my ward) was treated for or from some other source, I need to seek emergency help immediately from a physician qualified in emergency treatments, or by calling 911, or going to 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) for which I (my ward) have received treatment. If I (my ward) come in contact with the substances for which I (my ward) am being treated, I realize that the treatment may not work and I (my ward) might have a sensitivity reaction.

I understand that I (my ward) must return after my 25 hours avoidance period, preferably within 24 hrs, 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 need to repeat 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 opportunity to ask questions about its content, and by signing below, I agree to the terms and procedures.

Patient's Name: _____ Date: _____

Patient/Guardian's Signature: _____ Relationship to Patient: _____

Witness: _____ Date: _____