

QUANTUM WELLNESS CENTER
Confidential New Patient Data for N.A.E.T.

We realize that this form is rather extensive, but it is extremely important for you to fill out every question completely before returning it to the receptionist. Your cooperation will help us help you. Thank you!

Name: _____ Today's Date: _____

Address: _____ City: _____ St: ___ Zip: _____

Home: _____ Cell: _____ Work: _____

Email: _____ SSN: _____

D/O/B: _____ Age: _____ Sex: M ___ F ___ Height: _____ Weight: _____

Marital Status (please circle one) M S D W Number of children: _____

Employer: _____ Occupation: _____

Address: _____ City _____ St: ___ Zip: _____

Driver's License Number: _____ State: ___ Exp: _____

Most of our patients are referred to our office. Is there a particular person we may thank for referring you to our office? _____

Name of Spouse: _____ Spouse's Occupation: _____

Emergency Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Medical Insurance: Yes ___ No ___ Insurance Co. Name: _____

ID #: _____ Group#: _____

Address of Insurance Company: _____

Name of Insured: _____ D/O/B: _____

FAMILY HISTORY

Parents Living: Father (age) _____ Mother (age) _____

Brothers (# and ages) _____ Sisters (# and ages) _____

Is there any family history of (please put the relationship of the person in the space):

Diabetes: _____ Asthma: _____

Cancer: _____ Mental Disease: _____

Heart Disease: _____ Lung Disease: _____

Arthritis: _____ Allergies: _____

Any other (Specify):

PERSONAL HISTORY

Childhood Diseases: Measles _____ Mumps _____ Chicken Pox _____

Unusual childhood diseases: _____

Do you smoke _____ Packs per day _____

Drink coffee? _____ Cups per day _____

Drink alcohol? _____ How much _____ How often _____

Do you take drugs? _____ List names: _____

Do you take vitamins? _____ List names: _____

Do you exercise? _____ Regularly? _____ Infrequently? _____ Seldom? _____

Are you pregnant now? _____ Last menstrual period? _____

Do you have a pacemaker? _____

Hobbies (if any): _____

List all foods and beverages taken more than three times a week:

PAST HISTORY

List any previous significant injuries (slips, falls, auto accidents, etc.) and give dates:

Have you had any previous back troubles? Yes ___ No ___ If yes, describe and give dates:

List any past significant illness: _____

List all operations (give dates): _____

Are you currently taking any medications? _____

If so, please list: _____

List any known allergies: _____

Have you seen a chiropractor in the past? Yes _____ No _____

Name and address of chiropractor: _____

Last physical exam _____ Findings: _____

Have you had x-rays taken over the last year? Yes ___ No ___ Part of body? _____

If you suffer from exhaustion or fatigue, describe in your own words how you feel and what time of day or night you experience these symptoms, including whether they occur daily, occasionally, etc.

Would you say that you are under a lot of stress? _____ If yes, explain:

Do you experience undue worry, difficulty in concentrating, forgetfulness, failing memory, etc? _____

FEMALES ONLY

Do you experience and pain or discomfort before, during or after your menstrual cycle? Do you experience any discomforts during the cycle week (regardless of whether you menstruate, are in menopause or have had surgical removal of all of the female reproductive organs or skip your periods periodically). During the week are you "grouchy"? Have crying spells? Feel uptight, more nervous or specify any other problems

DO YOU SUFFER FROM ANY OF THESE SYMPTOMS?

- | | |
|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Excessive Gas |
| <input type="checkbox"/> Hot Flashes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Poor Memory |
| <input type="checkbox"/> Morning Fatigue | <input type="checkbox"/> Sexual Impotency |
| <input type="checkbox"/> General Fatigue | <input type="checkbox"/> Excessive Perspiration |
| <input type="checkbox"/> Labored Breathing | <input type="checkbox"/> Palpitation of the Chest |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Dry Skin |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Poor Appetite |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Excessive Appetite |
| <input type="checkbox"/> Lump in the Throat | <input type="checkbox"/> Night Sweats |
| <input type="checkbox"/> Throat Constriction | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Lightheadedness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Swelling of the Joints | <input type="checkbox"/> Chemical Sensitivities |
| <input type="checkbox"/> Loose Stools | <input type="checkbox"/> Constipation |

CURRENT CHIEF COMPLAINTS

Chief Complaint: _____

Describe present complaint fully: _____

Duration of present complaint: _____

What do you believe caused this condition? _____

Is your condition due to an accident or illness? YES NO If so, please specify:

Name _____ Age _____ Date _____

N.A.E.T. CONSULT FORM

What symptoms do you notice when experiencing your allergies?

How often do you experience these symptoms?

When did the symptoms first appear & what were the circumstances at the time?

Is the problem always of the same severity or are some episodes much worse than others?

Are there factors which aggravate your condition? (exercise, after eating, morning v. night)

Do certain foods trigger your allergies?

Do your allergies affect your ability to get along with others?

Do you suffer from any other health problems? (frequent colds, headaches, pains)

Are you currently on any medications? (prescribed, nebulizers, over the counter, natural)

Do any other family members suffer from allergies or health problems on a regular basis?

What doctors/Tests/Treatments have you sought and are still undergoing?

Are your symptoms getting worse?

Patient/Parent/Guardian Signature _____ Date _____

N.A.E.T. Consent Form

I, _____, Certify that the Doctor/N.A.E.T. practitioner did not claim to cure any illness or disease with N.A.E.T. (Nambudripad's Allergy Elimination Techniques).

I understand that N.A.E.T. is not a medical diagnostic procedure, therefore, does not diagnose a disease. Rather, N.A.E.T. gives the practitioner an indication as to the substance(s) to which the patient may have sensitivity. N.A.E.T. uses various, standard medically proven diagnostic measures and modalities (Allopathic, Chiropractic, kinesiological and Acupuncture) to diagnose the patient's condition. The premise behind N.A.E.T. 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 further contact with them.

I understand that I am (my ward) 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 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 ward) am suffering from severe allergic reactions to substances, I should consult an appropriate physician and take appropriated 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 N.A.E.T. treatments. This way, essential N.A.E.T. treatments can be completed without interruption and once I (my ward) complete the essential N.A.E.T. treatments for my (my ward's) condition, I (my ward) may not need to continue pharmaceutical drugs indefinitely.

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. If I (my ward) come in contact with 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.

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 the opportunity to ask questions about its content. By signing below, I agree to the terms and procedures.

Patient's Signature

Date

Name of Minor

Relationship to Minor

Signature of Witness

Date

PAYMENT IS DUE AT THE TIME OF SERVICE

I hereby assign all medical benefits to which I am entitled, including Major Medical, Medicare, private insurance or any other health plans to Integrated Medical Center, Inc. dba: Quantum Wellness Center. This assignment will remain in effect until revoked by me in writing. A photo copy of this assignment is to be as valid as the original. I understand that I am financially responsible for all charges, whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure the payment.

Patient Signature: _____ **Date:** _____

Witness Signature: _____

Print Witness Name: _____

INSTRUCTIONS TO A NEW N.A.E.T. PATIENT BEFORE BEGINNING TREATMENT

I. INTRODUCTION

The prospective N.A.E.T. patient is required to read "*Say Goodbye to Illness*" or "*Say Goodbye to Your Allergies*" or listen to the audio version of the book "*Say Goodbye to Your Allergies*" before coming for the first treatment. N.A.E.T. is a method that helps to balance energies in the body. According to Oriental medical theory, when one's body energies are maintained in a balanced state, one does not suffer from most health disorders that arise from an energy imbalance. According to N.A.E.T. theory, allergies cause energy imbalances in the energy meridians, also known as energy pathways. An energy blockage is the primary cause for any allergic reaction towards any substance. When the energy blockage from an allergen is removed via N.A.E.T., that particular allergen has not been shown to produce adverse reactions in the body on future contacts. N.A.E.T. is a mild, energy balancing, non-invasive, gentle procedure. It has not been shown to cause any long-term adverse effects on anyone within the last twenty years. While going through N.A.E.T. treatments, patients should try to keep their symptoms under control by taking necessary medications, therapies or other modalities. The patient is required to seek care of a primary care physician while getting N.A.E.T. treatment. If you suffer from a specific problem, you should also seek care of an appropriate medical specialist to manage health needs related to your condition. N.A.E.T. is only an energy-blockage removal treatment. It is not a primary care procedure.

II. BEFORE THE FIRST TREATMENT

When you arrive at the office, these guidelines will be provided to you or your guardian or caretaker. You (they) **MUST** read and comply with these rules before beginning the testing procedures.

- You should bring in a copy of ALL previous medical records, laboratory, and radiological reports. You will be required to complete the following forms in the office: Personal data information sheet, history forms, symptom-survey form and a consent form.
- If you have a history of anaphylactic reactions toward any allergen, you must tell the N.A.E.T. practitioner before beginning the tests. Doing so, your N.A.E.T. practitioner can take adequate precaution to prevent you from becoming anaphylactic during treatments.
- If you have a history of ANAPHYLAXIS, you should inform your practitioner on the very first visit before beginning the testing and treatments. People with a history of anaphylaxis should ALWAYS be treated through a surrogate. They should wash their hands or rub both hands together immediately after each treatment. If you have severe allergies or anaphylactic history on any basic group of allergens (egg, milk, wheat, fish, etc.) those allergens should be treated after completing the rest of the Basic fifteen groups. People with anaphylaxis are not required to hold the sample during the 20-minute waiting period.
- N.A.E.T. Anaphylactic protocol SHOULD be followed strictly while getting treated. Your N.A.E.T. practitioner will instruct you appropriately.

III. BEFORE EACH TREATMENT

PLEASE do not wear any perfume, perfumed powder, strong smelling deodorant, hair spray or after shave and do not eat strong smelling herbs like raw garlic, seafood, etc. when coming to the N.A.E.T. clinic for treatments. If you suspect something is responsible for causing an allergic reaction, you may bring the item to the N.A.E.T. office in a thin glass container with a lid (as in a baby food jar with a lid) or wrapped in a brown paper bag. Please do not bring the items in a plastic container. Plastic containers cannot be used in testing.

There is **NO** smoking allowed in or around the office. PLEASE take a shower before you come in for a treatment, and wear clean clothes to avoid smells of herbs, spices, perspiration, etc. Various smells can cause irritation and reactions in other sensitive patients in the clinic waiting room. Please do not eat or drink in the office. Another patient in the office waiting room might react to the smell of your food.

Wear minimum or no jewelry when you come in for treatment. Avoid wearing large crystals or large diamonds. N.A.E.T. can be done while wearing your own clothes provided you wear simple, loose clothing without any embroidery with crystals, beads, stones, metals, glass or plastic pieces. Avoid watches, cell phones, calculators, tape recorders, photo cameras, etc.

PLEASE do not wear any guns or knives to the office, even when they are part of your required job uniform. Do not bring any sharp objects such as metal objects, large keys, sharp or heavy toys, or toy guns to the office.

Please turn off your cell phone inside the waiting room and in the treatment room. Other sensitive patients might react to your cell phone. Cell phones should be off and kept away from your body during N.A.E.T. testing and desensitization treatment.

ALWAYS eat before you come in for treatment. You should not take N.A.E.T. treatments or acupuncture when you are hungry. If you have a long wait in your practitioner's office, please bring a snack with you and leave in the car or outside the office. Five or ten minutes before your treatment, please go outside the clinic and eat your food, wash your hands with soap and water and rinse your mouth before you return to the clinic for treatment.

Please wash your hands with soap and water before beginning the NST (Neuromuscular sensitivity testing procedure). Hand-washing will remove any residue left on your hands from other substances.

DO NOT TREAT WITH N.A.E.T. IF YOU ARE EXTREMELY TIRED, WORKED A NIGHT SHIFT, OR WORKED TOO MANY HOURS WITHOUT A BREAK.

IV. DURING EACH TREATMENT

You should not have any companion with you, standing or sitting within your magnetic field during treatment. You should not bring any children or pets to the treatment room while

you are being treated. You should be alone with your N.A.E.T. practitioner while you are being tested or getting treated with N.A.E.T.

Since N.A.E.T. is a mind-body balancing procedure, the N.A.E.T. practitioner needs to receive permission from your conscious and subconscious minds before performing any energy balancing procedures. Signing the consent is the permission from the conscious mind, but permission from the subconscious is necessary for a successful N.A.E.T. treatment. For a trained practitioner, it takes only a few seconds to seek permission from the subconscious. In rare occasions, it has been shown that certain person's subconscious mind does not grant permission to perform N.A.E.T. testing or treatment. In such cases, the N.A.E.T. practitioner may NOT proceed with N.A.E.T. testing. Instead, the practitioner will make appropriate referrals for further evaluations related to your health conditions.

The N.A.E.T. practitioner must get permission from YOUR subconscious mind before each N.A.E.T. desensitization treatment as well. On a particular visit, if your brain did not give favorable signals for a new treatment, you will be rescheduled for another date. This is for your best benefit. It has been shown that even anaphylactic cases can also be treated successfully for the anaphylaxis-producing allergen when the N.A.E.T. practitioner gets permission from the patient's brain before doing the treatment. You may ret for a few days until your brain and body are ready to get more treatments or you may be able to receive other immune system supporting treatments like chiropractic adjustments, acupuncture, massage, yoga, etc. while waiting.

While performing NST, the patient should wash or rub his/her hands together for 30 seconds between touching different samples. The energy of the previously tested sample has shown to produce false results if the energy has not been removed from the hands before touching a new one.

While receiving NST testing or N.A.E.T. desensitization procedures PLEASE make a loose fist with your free hand (one without the allergen) in order to prevent contact between the table and your clothes with your fingers while testing.

Do not eat or chew gum or candy during NST testing or N.A.E.T. treatment.

The N.A.E.T. practitioner will not have ANYONE observing the treatment or taking notes from a close proximity. The distance varies with each patient for each allergen. Your practitioner will know how to determine the distance.

If you are unable to test yourself (if you are a child, elderly, too strong, too weak, disabled, advanced stage of pregnancy, etc.), then you should be tested through a surrogate so that the practitioner can get accurate information about your sensitivities. You should maintain skin-to-skin contact with the surrogate during testing and the surrogate should rub his/her hands together or wash hands between testing different allergens.

You could also be treated through a surrogate's body and get the exact benefit as if you were getting treated directly. Patients in advanced stage of pregnancy, morbidly obese,

with psoriasis or other debilitating skin problems, back surgery, scoliosis, or a history of anaphylaxis, etc. should receive N.A.E.T. treatments through a surrogate.

V. THE BASIC 15 TREATMENTS

The N.A.E.T. Basic 15 treatments are, in fact, the basic essential nutrients for everyone. If you are allergic to them, your body may not receive adequate nutrients. That will cause lower immune system function and may cause you to have various health disorders due to nutritional deficiencies brought on by allergies. When your immune system is maintained at a normal level, not only will you feel better overall, your allergic sensitivity will be reduced with the result, needing fewer N.A.E.T. treatments to get maximum results.

VI. REASONS WHY TREATMENTS MAY NEED TO BE GIVEN OUT OF ORDER

If you have allergies to white rice or pasta, they can be treated before the Basic treatments.

Hard-to-avoid items such as prescription drugs should be treated first in the doctor's office, and then treated at home through self-treatment every two hours. In case of a drug that cannot be avoided, you should treat by gate-massage before and after you take the drug as well as massaging the gates every two hours for the 25 hours after the initial treatment.

When the patient has an ACUTE problem, practitioners will treat the acute problem before resuming the normal order of treatments if the patient's brain gives permission to do so. For instance, when a patient is reacting to a particular food that was eaten recently, a medication that is essential for the patient's survival (such as pain medication, cortisone, antihistamine, antidepressants, heart medication, etc.), fire-smoke, accidental exposure to fumes, drinking water, city water, acute emotional imbalances like the death of a loved one, etc., can be treated as an acute allergen before completing the basic fifteen treatments as long as the body permits. If someone has a severe reaction to pollen, weeds, cigarette smoke, regular drugs such as chemotherapy drugs, antibiotics, standard emotional blockage removal treatments, person-to-person allergies, etc., can be treated after completing six basic treatments (after completing sugar mix). When the treatment for acute allergen is completed satisfactorily, you should go back to the basics and continue as before.

VII. AFTER TREATMENTS

You must wash your hands with plain water after treatment BEFORE you leave the office. After the treatment, if you cannot wash or rinse your hands, vigorously rubbing your hands by interlacing your fingers for 30 seconds will be sufficient.

After the N.A.E.T. desensitization, PLEASE do not exercise vigorously for 6 hours. A mild walk is fine.

AVOID exposure to extreme hot or cold temperature after the desensitization treatment.

Do not bathe or shower for 6 hours following the N.A.E.T. treatment.

Do not read or touch other objects with your fingers during the 20 minute waiting period after N.A.E.T. treatment.

DO NOT cross your hands or feet the first 20 minutes following the N.A.E.T. treatment. Lying or resting with a calm mind will be beneficial. You could visualize positive, warm energy circulating through the 12 meridians while resting. Meditation is allowed. After an emotional N.A.E.T., you are advised to think positively during the 20 minute waiting period about the issue which was treated.

Your practitioner will ask you to avoid the treated allergen for 25 hours or more as indicated by his/her testing after the completion of the treatment in the office. After the treatment, you should avoid eating, touching, breathing and coming within 5 feet of the substance that was treated following 25 hours after treatment. It is also suggested after completing your treatment satisfactorily for an allergen, that you consume a small amount of the item daily for three to four days. If the treatment is not completely finished, you will bring out some minor symptoms and your practitioner can investigate the reasons behind those symptoms and eliminate them. Another benefit of introducing the treated allergen into your body is to reconfirm the brain and nervous system about the harmlessness of the item so that your nervous system will not forget about this allergen in the future even if you do not have them for years later.

It is highly recommended that after three Basic N.A.E.T. treatments, you TRY to consume foods and drinks from the desensitized groups only. Add new items to your list as you complete each treatment. This will reduce your overall discomfort while going through the rest of the treatments. Your N.A.E.T. treatments will be more effective and you will be able to see results faster. Depending on your immune system, the treatments can be scheduled. A patient with severe allergies and poor immune system can only tolerate one treatment per week. Patients with a better immune system have shown to tolerate three or more treatments per week. Your practitioner can test your body for the appropriate treatment plan.

If you are a highly sensitive person or if you experience any discomfort during the 25 hour avoidance period after the treatment (crying spells, depression, unusual emotions or unusual pains anywhere in the body, etc.), you may need to balance your gates every two hours on your own at home while you are AWAKE. When you sleep, you do not need to set an alarm to wake you every two hours. Instead, whenever you wake up you can continue treating.

The practitioner can determine the appropriate number of hours of avoidance by using question response testing for patients who have difficulty avoiding food for 25 hours. Infants and children can be treated in the evening or before going to sleep for hard-to-avoid items. Please ask your practitioner if you have any questions.

If someone has a hard time avoiding the allergen for a specific amount of time for any particular reason, he/she should balance his/her gate points every two hours as well as before and after exposure to the allergen. In case the patient has developmental

disabilities, caretakers should be instructed to massage the gate points (READ PAGE 58 IN THE BOOK "*LIVING PAIN FREE*") every two hours during the 25 hours and also before and after touching the treated allergen. Your practitioner will teach you the self-balancing technique if you do not understand by reading the book. It is advisable for you to purchase this self-help book with illustrations, since it can help you control or reduce various allergic reactions and discomforts arising from untreated allergies by massaging the appropriate acupressure self-treatment points whenever the need arises.

No adverse reactions have been noted when a person eats food INCLUDING the food he/she was treated on, for 20 minutes following the retest of the initial treatment for the allergen. The 25 hour restriction begins 30 minutes after the completion of the treatment. Do not eat heavy meals before or after the N.A.E.T. or acupuncture treatments, but DRINK a glass of water before the N.A.E.T. treatment. Energy moves better in a well hydrated body. Drink 4-6 glasses of water through the day after N.A.E.T. treatments to help flush out the toxins produced during the treatment.

You are advised to maintain your own treatment and food diary in The Guide Book after each treatment. You should carry this record with you if you decide to see other N.A.E.T. practitioners in another city, state or country during your vacation or other travel time and your treatments can be continued uninterrupted. Write down all the good and bad symptoms you experience during the 25 hours following treatment and bring it to your practitioner on your next visit. If you have frequent health problems and you do not know the cause of your problems, write down your daily activities for a month in a separate notebook. Record all the food and drinks you consumed even if they were in small portions and also record anything new you have purchased in the house or work area since the problem started. Bring your record to the office and let your N.A.E.T. practitioner test you for the items in your list to find the culprit.

You may need to take EXTRA precaution while you get treated for environmental substances: (mineral mix, metals, water, leather, formaldehyde, fabric, wood, mold, mercury, newspaper, chemicals, flowers, etc.). Apart from staying away from these items, you may also need to wear a mask, gloves, socks, shoes, gowns, scarves, earplugs, etc. You can also massage the gate points every 2 hours while awake during the 25-hour period if it is not completely avoidable.

During the 25 hours or afterwards, if you get a life-threatening reaction from an allergen (either from the one you were treated on in the office or another one), you MUST seek emergency help immediately from a primary care physician or emergency room, or by calling 911.

Once every month or so, of after completely treatments for TEN to FIFTEEN allergens, your practitioner will repeat NST on all treated allergens. If an allergen wasn't passing over 50 percent of the time, they will be boosted up again. No avoidance is necessary at that time.

AFTER the Basic fifteen treatments with the practitioner, patient should begin to gather a small sample of every day food and drinks and while holding the sample, balance the gate points every night before bed.

Drink one 6 ounce glass of water first thing in the morning. Drink 1 glass of water before bed time.

Remember to check with your practitioner for the item you treated, after 25 hours, and at least within one week to make sure you have completed the treatment.

VII. ADDITIONAL INFORMATION ABOUT N.A.E.T.

N.A.E.T. is a HOLISTIC procedure. It balances the entire body including physical, physiological and emotional functions. Everyone needs balance in all these levels of the body to be healthy. If one area is not balanced properly, other areas cannot function normally. N.A.E.T. emotional balancing procedure has been shown to produce marvelous results in people who suffer from environmental illness, chemical reactions, chronic pain disorders, other chronic illnesses, autism, ADHD, etc. This emotional balancing treatment will be provided to the patient without additional cost if done in conjunction with a treatment for another substance. After completion of Sugar Mix (after completing 6 basic treatments), N.A.E.T. emotional balancing treatments can be administered upon request.

N.A.E.T. emotional balancing procedures do NOT replace the need for traditional psychological or psychiatric help. If you are getting treatments in these areas prior to N.A.E.T., please continue with your therapies and medications as needed. If you for any reason do not like to be balanced emotionally by your N.A.E.T. practitioner (due to religious reasons, etc.), you should inform your practitioner on the initial visit, then emotional balancing procedures will be excluded from your treatment plan.

If you did not complete the treatment, or if you could not complete the specific N.A.E.T. treatment for some reason, do not panic. N.A.E.T. is a mild, energy-balancing, non-invasive, gentle procedure. It has not been shown to cause any long-term adverse effects on anyone since its discovery within the last 23 years. Your temporary symptoms may be due to the incomplete treatment and may continue for up to two to three weeks maximum. Drink about 4-6 glasses of boiled cooled water daily to help with your energy circulation.

Eventually the particular symptoms will wear off and you may return to your pre-N.A.E.T. status if you did not repeat the treatment for the unfinished allergen. For example, if you suffered from insomnia prior to N.A.E.T. treatment, you may continue to have insomnia; if you suffered from pain disorders, you may continue to suffer from pain disorders, etc. An allergen which was treated halfway has not shown to render any benefit to the patient at all. The human body forgets and adapts to new ways fast. The incomplete treatment is forgotten in about three days to a week in most cases, but in some cases it has shown to take as long as three weeks. The body then learns to focus on current events. Thus, in a few days, an incompletely treated allergen is usually viewed by the body as an allergen that has never been treated before.

If you had to stop the N.A.E.T. treatment for the particular allergen because you had no means to get to the office, then you can balance the energy for the particular item at home on your own by holding the item while massaging the gate points once every four hours while awake for 2 to 3 weeks or as short or as long as the body needs to view that as a friendly item. This method will only work after one has been treated initially with a trained practitioner, and the treatment was not completed for some reason. If it is an uncomplicated, individual item, like a piece of sourdough bread, a piece of meat, a hotdog, a laxative or a pain pill such as Tylenol or another drug, or a particular piece of fabric then the patient or the caretaker can complete the treatment in this manner at home. CAUTION: this should be done only on a single allergen. Never try on a group of allergens.

After completing treatment for an allergen, if NST tested strong on retest but the patient is still suffering from prior symptoms, the patient should be allowed to rest a few days to a couple of weeks without any new N.A.E.T. treatment. This is, in fact, to rule out of to determine if the desensitization towards the particular allergen was successful or not; and to determine if the presenting symptom is arising from another source or not. If the particular allergen treatment is incomplete, if you wait a few days the NST will produce a weak response either on its own or with some combinations. Then the treatment on the allergen itself or with a combination can be repeated at that time. While waiting to detect the outcome of the previous treatment, it is OK to boost up the immune system with acupuncture, chiropractic treatments, massages, herbs or other therapies. The patient may also continue to self-balance for the item at home as described above.

Sometimes, the patient continues to have the same symptom but NST does not show any weakness on the previous treated allergen. In such cases it has shown that the patient passed the treated allergen but another allergen capable of producing similar symptoms has been identified as the culprit. Usually people with a history of allergies react to more than one or a few allergens. When one allergen gets desensitized and eliminated by the body, others will get noticed easier, hence the symptom of the previous allergen continues until all the allergens are desensitized with N.A.E.T.

When one has a weakness in any particular area of the body, every allergen affects that area of the body giving rise to symptoms similar to the first one. This pattern is especially noticed in patients with asthma, sinus problems, autistic disorders, attention-deficit hyperactive disorders, chronic pain syndrome, as in degenerative arthritis, fibromyalgia, lupus, headaches, migraines, backaches, myofascial pain, peripheral neuropathy, PMS, insomnia, manic or depressive disorders, etc. Because of this mechanism, until you complete N.A.E.T. for Basic Fifteen, you may not see much change in your health in these cases.

When you are allergic to a substance, your body produces a lot of endogenous toxins. After you are treated to an allergen, it takes 24 hours for the body to detoxify the allergen from all 12 major meridians (each meridian takes 2 hours) naturally to get the toxins out of the body. Some patients may not have 24 hour avoidance and restrictions. Some may pass the allergen right after the treatment; some may take just a few hours; some may take 25

hours, yet some may take 40 hours. Even though NST demonstrated that you would clear the allergen in 10 minutes or so, it is to your advantage to avoid the item for the whole 25 hours (24 hours plus 1 hour guard-band) allowing the body to detoxify naturally. After a few N.A.E.T. treatments, you have the option to go on a good detoxification program using different products (herbs, minerals, etc.) to clean up your system. If you faithfully follow the 25 hour avoidance, you may not need any special detoxification since the body is able to naturally eliminate the toxins in time if given a chance.

You are advised to continue ALL medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctors who prescribed them. PLEASE do not stop any other treatment you are on: medication, therapy, chiropractic treatments, massages, etc.

N.A.E.T. treatments have NOT been shown to interfere with any other treatment. In fact, if you can keep your body free of toxin accumulation and keep your symptoms under control by using medication or therapies, N.A.E.T. has shown to work better.

For FEMALE patients: treatments are not advisable during the first three days of the menstrual cycle.

N.A.E.T. treatments during pregnancy have not shown to cause any adverse effects on the mother or child so far. In fact, tremendous benefits have been noted in both cases. When the mothers receive adequate N.A.E.T. treatments during pregnancy (at least 15 basics and all known allergens of the mother treated), their children are born with very few allergies when compared with their siblings who never had exposure to N.A.E.T. before birth.

When you go through the N.A.E.T. treatment program, you will be advised to get supplemented with the appropriate amount of vitamins, minerals, and other nutrients for a while if it is indicated. When the nutrients are supplemented appropriately, pain and discomfort arising from various disorders like chronic fatigue, general body aches, arthritis, and other pain disorders due to deficiencies, etc., will be reduced.

If you do not show any improvement in your health status after successfully passing Basic ten to fifteen allergen groups' at all three levels, probably N.A.E.T. is not for you. Please ask your practitioner to refer you to another source of health-care facility.

Signature of patient/guardian: _____

Print name: _____ Date: _____

Witness signature: _____ Print name: _____