

N.A.E.T. Consent Form

I _____, certify that Dr. Joseph D. Kepo'o, D.C. does not claim to cure any illness or disease with NAET.

_____ **Please initial that you have read this paragraph.**

I understand that NAET is not a medical diagnostic procedure and therefore does not diagnose a disease. NTT a.k.a Nambudripad's Testing Techniques uses various, standard diagnostic measures and modalities to diagnose the patient's condition. NTT gives the practitioner an indication as to the substance(s) in which the patient may have sensitivity. The premise behind NAET (Nambudripad's Allergy Elimination Techniques) is to **desensitize** a patient to a substance(s).

_____ **Please initial that you have read and understand this paragraph.**

I understand that I am to continue all medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctor who has prescribed them. During the 25 hours or after, if I have a life threatening reaction for the allergen for which I treated or from some other sources, I need to seek emergency medical assistance immediately, from a physician qualified in Emergency Medicine, a Hospital Emergency Room, or by calling 911. If I 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 behavior, etc.) to keep my symptoms under control while I am treating with NAET. This will allow essential NAET treatments to be completed without interruption.

_____ **Please initial that you have read this paragraph.**

I understand that for several hours after the treatment (hours will be set by practitioner) I am to avoid eating, touching, inhaling (smelling) or coming within five feet of the substance(s) that I have been desensitized for and/or treated. I realize that treatment may not work and I may have a sensitivity reaction.

_____ **Please initial that you have read this paragraph.**

I fully understand that I may still experience some reaction to substance(s) of unknown severity, if I did not "clear" them completely and come in contact with them later. Therefore, I understand that it may require repeat procedures (additional office visits and NAET treatments at my expense) until I "clear" these allergens satisfactorily.

_____ **Please initial that you have read this paragraph.**

I have read or have had read to me the above information, and have had the opportunity to confer with Dr. Kepo'o or a member of his staff about its contents. By signing below I agree to the terms or procedures.

Patient Name (Please Print)

Date Signed

Patient Signature

Parent or guardian signature (if patient is under 18years of age)