



Fairplay Therapy Center

PATIENT INFORMATION

Name Last _____ First _____ MI _____ Date _____
 Date of Birth ____ / ____ / ____ Social Sec. ____ - ____ - ____ Drivers License# _____
 Mailing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 Phone Numbers _____
 Email Addy (optional) _____
 Employer _____ Ph: _____ Occupation _____
 Employer Address _____ City _____ State _____ Zip _____
 Emergency Contact Person _____ Ph: _____

GENERAL INFORMATION

Referring Doctor _____ Ph: _____
 Primary Doctor _____ Ph: _____
 Was there an Accident? Y / N Auto _____ Work _____ Other _____ Was there a Surgery? Y / N
 Description of Problem _____
 How long? _____ Have you had this or similar issues before? _____
 What aggravates your condition? _____
 What improves your condition? _____
 Is this condition becoming progressively worse? (circle) Yes No Constant Comes & goes
 This condition interferes with: (circle all that apply) Work Sleep Daily routine Other _____
 List previous diagnoses/treatments you have received for this condition _____

INSURANCE INFORMATION

Policy Holders Name (if other than the Patient) _____
 Insurance Company _____ Insurance Phone _____
 ID# _____ Group# _____ Is there Secondary Insurance? Y / N
We will need a copy of your insurance card(s)

Notice of Privacy Practices/Medical Release of Information

I authorize the release of any medical information necessary to process this claim. I acknowledge that I have received a copy of the privacy practices.
 Printed Name _____ Signature _____ Date _____

ASSIGNMENT OF BENEFITS AND CONSENT FOR TREATMENT

I hereby assign payment directly to Sacred Living Inc. dba Fairplay Therapy Center. The basic benefits as well as major medical benefits herein specified and otherwise payable to me, but not to exceed the regular charges for this treatment period. I understand I am financially responsible for any charges not covered by this assignment. I understand I will be held responsible for any costs incurred regarding collection of payment for services rendered. I hereby give my consent to Fairplay Therapy Center, to provide services to myself and/or family.

Printed Name _____ Signature _____ Date _____

I understand insurance co-pays are expected at time of service. (Please Initial) _____

Missed Appointments: Unless cancelled at least 24 hours in advance, we may charge for missed appointments. Please help us serve you better by keeping scheduled appointments. (Please Initial) _____



Fairplay Therapy Center

HEALTH HISTORY

Please list any medications you take – both prescription and over-the-counter medications: _____

Please list any serious injuries you have had in the last 10 years:

	<u>Description</u>	<u>Date</u>
Falls	_____	_____
Head Injuries	_____	_____
Broken Bones	_____	_____
Dislocations	_____	_____
Surgeries	_____	_____
Other	_____	_____

Women: Are you pregnant? Yes/No If so, how far along? _____ Nursing? Yes/No

MEDICAL CONDITIONS

Circle “Y”(Yes) or “N”(No) for each medical condition you have had in the past or currently have:

Y/N Heart Attack/Stroke	Y/N Arthritis	Y/N Ringing in ears	Y/N Ulcer/Colitis
Y/N Congenital Heart Defects	Y/N Frequent Neck Pain	Y/N Freq Headaches	Y/N Gout
Y/N Alcohol/Drug Abuse	Y/N Jaw Pain	Y/N Diabetes/TB	Y/N Numbness
Y/N Fainting/Seizures	Y/N Wrist Pain	Y/N Dizziness	Where? _____
Y/N Shingles	Y/N Shoulder Pain	Y/N Emphysema	Y/N Tingling
Y/N Psychiatric Issues	Y/N Arm Pain	Y/N Kidney Problems	Where? _____
Y/N Difficulty Breathing	Y/N Leg Pain	Y/N Artificial bones/joints	Y/N Muscle/Spasms
Y/N Hepatitis	Y/N Lower Back Pain	Y/N Cancer	Where? _____
Y/N Anemia	Y/N Frequent Earaches	Y/N HIV Positive/Aids	

PERSONAL HABITS

Do you drink alcohol? Y/N If so, how much? _____

Do you drink coffee? Y/N If so, how much? _____

Do you smoke? Y/N If so, how many? _____

Do you exercise? Y/N If so, how much? _____

How many hours of sleep do you regularly get each night? _____

Is your appetite regularly: Poor? Typical? Excessive?

Do you have any known allergies to food, medications or other substances? Yes/No If “Yes”, please list:

AUTHORIZATON

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the physical therapist to help determine appropriate and healthful physical therapy treatment. If there is any change in my medical status, I will inform the physical therapist.

I authorize Fairplay Therapy Center to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature: _____ Today’s Date: _____

Printed Name: _____ Date of Birth: _____

Protecting Your Confidential Health Information is Important to Us

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Promise!

Dear Patient:

This is not meant to alarm you! Quite the opposite! It is our desire to communicate to you that we are taking the new Federal (HIPAA - Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

So what has changed? Why a privacy policy now? Very good questions!

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your HEALTH INFORMATION only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

How your HEALTH INFORMATION may be used

To Provide Treatment

We will use your HEALTH INFORMATION within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between physician assistant, nurse, physician and business office staff. In addition we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and curative care modern medicine can provide. They may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

To Coroners, Funeral Directors and Medical Examiners

We may be required by law to provide information to coroners, funeral directors and medical examiners for the purposes of determining a cause of death and preparing for a funeral.

Medical Research

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

Authorization to Use or Disclose Health Information

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient Acknowledgment

Patient Name(s): _____

Thank you very much for taking time to review how we are carefully using your health information. If you have any questions we want to hear from you. If not we would appreciate very much your acknowledging your receipt of our policy by signing and returning this card. We look forward to seeing you again soon!

Patient Signature
Date _____ / _____ / _____

Patient Rights

This new law is careful to describe that you have the following rights related to your health information.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail or email a copy to you.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.



FAIRPLAY THERAPY CENTER

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NAET® CONSENT FORM

I _____ understand that the Fairplay Therapy Center 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. NTP (Nambudripad's Testing Procedures) uses various, standard medically proven diagnostic measures and modalities to diagnose the patient's condition. NTP 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 acupuncture, nutritional, and kinesiological principals so that the patient may not experience hypersensitive symptoms when they have future contact with the desensitized allergens.

I understand that I (my dependant) 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 dependant) experience a life-threatening reaction from the allergen my dependant or I was treated for 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 my dependant or 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 behaviors, severe depression, etc.) to keep my dependant's or my symptoms under control while my dependant or I am treating with NAET® treatments. This way essential NAET® treatments can be completed without interruption.

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

I understand that my dependant or I must return after my 25 hours avoidance period preferably within 24 hours but at least within 7 days, to see if my dependant or I have cleared for the substance(s). I fully understand that my dependant or I may still experience a reaction to the substance(s) of unknown severity if my dependant or I come in contact with them if my dependant or I did not clear them completely. If my dependant or I did not clear them completely, my dependant or I may be required to repeat the procedure (more office visits at my cost) until my dependant or I 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 Signature

Date

Name of Minor

Relationship to Dependant

Signature of Witness

Date

Instructions to A New NAET® Patient Before Beginning Treatment

I. Introduction

The prospective NAET® patient is required to read Say Good-bye to Illness or Say Good-bye to Your Allergies or listen to the audio version of the book, “Say Good-bye to Your Allergies” before coming for the first treatment. NAET® 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 NAET® 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 NAET®, that particular allergen has not been shown to produce adverse reactions in the body on future contacts. NAET® 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 NAET® 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 NAET® 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. NAET® is only an energy-blockage removal treatment. NAET® is not a primary care procedure.

II. Before the First Treatment

1. 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.
2. 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.
3. If you have a history of anaphylactic reactions toward any allergen, you must tell the NAET® practitioner before beginning the tests. Doing so, your NAET® practitioner can take adequate precaution to prevent you from becoming anaphylactic during treatments.
4. 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 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 rest of the Basic Fifteen groups. People with anaphylaxis are not required to hold the sample during the 20-minute waiting period.
5. NAET® Anaphylactic protocol **SHOULD** be followed strictly while getting treated. Your NAET® practitioner will instruct you appropriately.

III. Before Each Treatment

6. **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 NAET® clinic for treatments. If you suspect something is responsible for causing an allergic reaction, you may bring the item to

the NAET® office in a thin glass container with a lid (as in a baby food jar with lid), wrapped in brown paper or a brown paper bag. Please do not bring items in plastic containers. Plastic containers cannot be used in testing.

7. There is NO smoking allowed in or around the office. PLEASE take a shower before you come 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.

8. Wear minimum or no jewelry when you come in for a treatment. Avoid wearing large crystals or large diamonds. NAET® can be done while wearing your own clothes provided you wear simple, loose clothes without ANY art work or embroidery with crystals, beads, stones, metals, glass or plastic pieces. It is fine to wear simple wrist watches while testing or treatments. Avoid watches with sharp needles, cell phones, calculators, tape recorders, photo camera, etc.

9. PLEASE do not wear any guns or knives to the office even when they are part of your job requirements. Please do NOT bring sharp metal objects, large keys, sharp toys, heavy toys, or toy guns to the office.

10. Please turn off your cell phones 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 NAET® testing and desensitization treatment.

11. ALWAYS eat before you come for the treatment. You should not take NAET® treatments and acupuncture when you are hungry. If you have a long wait in your practitioner's office, please bring a snack with you, leave it in the car or outside the office. Five to 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 the treatment.

12. 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.

13. Do NOT treat with NAET® if you are extremely tired, worked a night shift, or worked too many hours without a break.

IV. During Each Treatment

14. 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 NAET® practitioner while you get tested or treated with NAET®.

15. Since NAET® is a mind-body balancing procedure, the NAET® 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 NAET 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 NAET® testing or treatment. In such cases, the NAET® practitioner may NOT proceed with NAET® testing. Instead the NAET® practitioner will make appropriate referrals for further evaluations related to your health conditions.

16. The NAET® practitioner must get permission from YOUR subconscious mind before each NAET® 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 also can be treated successfully for the anaphylaxis-producing allergen when the NAET® practitioner gets permission from the patient's brain before doing the treatment. You may rest 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.

17. 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 of the previous item has not been removed from the hands before touching a new one.

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

19. Do not eat or chew gum or candy DURING NST testing or NAET® treatment.

20. The NAET® 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.

21. If you are unable to test yourself (if you are a child, old person, 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.

22. 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 problem, back surgery, scoliosis, or a history of anaphylaxis, etc., SHOULD receive NAET® treatments through a surrogate.

V. The Basic 15 treatments

23. The NAET 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 to lower the immune system function and may cause 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 you feel better overall, your allergic sensitivity will be reduced with the result, you need fewer NAET® treatments to get maximum results.

VI. Reasons Why Treatments May Need to be Given Out of Order

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

25. Hard-to-avoid items like prescription drugs should be treated first in the doctor's office, 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.

26. When a 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 (like 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 severe reaction to pollen, weeds, cigarette smoke, regular drugs like 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

27. 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.

28. After the NAET® desensitization, **PLEASE** do not exercise vigorously for 6 hours. A mild walk is fine.

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

30. Do **NOT** bathe or shower for 6 hours following the NAET® treatment.

31. Do not read or touch other objects with your **FINGERS** during the 20 minutes waiting period after NAET® treatment.

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

33. 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 never ate them later for years.

34. It is highly recommended that after three NAET® basic 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 and your NAET® treatments will be more effective and you will be able to see results with NAET® 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. But patients with better immune system have shown to tolerate three or more treatments per week. Your practitioner can test your body for the appropriate treatment plan.

35. 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 again.

36. The practitioner can determine the **APPROXIMATE** 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 questions.

37. 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 by the author) 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, Living Pain Free. It is advisable for you to **BUY** this self-help book with

Illustrations since it can help you to control or reduce various allergic reactions and discomforts arising from untreated allergies by massaging the appropriate acupressure self-treatment points whenever the need arises.

38. No adverse reactions have been noted when a person eats food INCLUDING the food he/she was treated, 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 NAET® or acupuncture treatments, but DRINK a glass of water before the NAET® treatment. Energy moves better in a well hydrated body. Drink 4-6 glasses of water through the day after NAET® treatments to help flush out the toxins produced during the treatment.

39. 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 NAET® 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 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 record also anything new you have purchased in the house or work area since the problem started. Bring your record to the office and let your NAET® practitioner test you for the items in your list to find the culprit.

40. 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 two hours while awake during the 25-hour period if it is not completely avoidable.

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

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

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

44. DRINK one 6 ounce-glass of water first thing in the morning. Drink 1 glass of water before bedtime.

45. 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 NAET®

46. NAET® 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. NAET® 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 and 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 treatment (after completing six basic treatments), NAET® emotional balancing treatments can be administered upon request.

47. NAET® emotional balancing procedures do NOT replace the need for traditional psychological or psychiatric help. If you are getting treatments in these areas prior to NAET®, please continue with your therapies and

medications as needed. If you for any reason do not like to be balanced emotionally by your NAET® practitioner (due to religious reasons, etc.), you should inform the NAET® practitioner on the initial visit, then emotional balancing procedure will be excluded from your treatment plan.

48 If you did not complete the treatment, or if you could not complete the specific NAET® treatment for some reason, do not panic. NAET® 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 twenty-three years. Your temporary symptoms may be due to the incomplete treatment and may continue for up to two or three weeks maximum. Drink about 4-6 glasses of boiled cooled water daily to help with your energy circulation.

49. Eventually the particular symptoms will wear off and you may return to your pre-NAET® status if you did not repeat the treatment for the unfinished allergen. For example, if you suffered from insomnia prior to NAET® 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. 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, then the body 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.

50. But if you had to stop the NAET® 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 two to three 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 hot dog, a laxative or a pain pill like Tylenol or another drug, a particular piece of fabric (a shirt, scarf), etc., 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.

51. 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 NAET® treatment. This is in fact to rule out or 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. Or the patient can continue to self balance for the item at home as described above.

52. Sometimes, the patient continues to have the same symptom but NST does not show any weakness on the previously 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 history of allergies react to more than one or a few allergens. When one allergen gets desensitized and eliminated from the body, others will get noticed easier, hence the symptom of the previous allergen continues until all the allergens are desensitized with NAET®.

53. When one has a weakness in any particular area of the body, every allergen affects that area of the body giving rise to symptom 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 NAET® for Basic Fifteen, you may not see much changes in your health in these cases.

54. When you are allergic to a substance, your body produces lots 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 or restrictions. Some may pass the allergen right after the treatment; some may take just a few hours; some may take 25 hours, yet some others 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 one hour guard-band) allowing the body to detoxify naturally. After a few NAET® treatments, you have the option to go on a good detoxification program using different products (herbs, minerals, etc.) to clean up your system. But 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.

55. 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.

56. NAET® 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, NAET® has shown to work better.

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

58. NAET® treatments during pregnancy have not shown to cause any adverse effects to the mother or child so far. In fact tremendous benefits have been noted in both cases. When the mothers receive adequate NAET® 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 NAET® before birth.

59. When you go through the NAET® treatment program, you will be advised to get supplemented with 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.

60. 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 NAET® is not for you. Please ask your practitioner to refer you to another source of health-care facility.

Signature of the patient/guardian _____ Date _____

Print Your name _____

Witness _____ Date _____

