

 OREGON CITY ACUPUNCTURE

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I _____ certify that Carol K. Griesmeyer nor Oregon City Acupuncture do not claim to cure any illness or disease with NAET© (Nambudripad Allergy Elimination Techniques).

I understand that NAET© is not a medical diagnostic procedure and therefore does not diagnose a disease. Rather, NAET© gives the practitioner an indication as to the substance(s) to which the patient may have a 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 (or my dependent) to continue all medications and other treatment modalities that have been prescribed prior to NAET© unless directed by the doctor who prescribed them. During the first 25 hours or after if I (or my dependent) get a life threatening reaction from the allergen. 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 (or my dependent) am suffering from severe allergic reactions, I should consult an appropriate physician and take appropriate medications (such as medication to prevent itching, tissue swelling, fever, cough, pains, infections, mental irritability, violent behaviors, etc.) to keep my (my dependent's) symptoms under control while I am treating with NAET© treatments. This way essential NAET© treatments can be completed without interruption and once I (or my dependent) complete the essential NAET© treatments for my condition, I (or my dependent) may be able to reduce the amount of medication taken on a daily basis.

I understand that for 25 hours after the treatment I (my dependent) am to avoid eating, touching, breathing and come within 5 feet or more as it was instructed by my practitioner of the substance(s) that I (my dependent) may still experience a reaction to the substance(s) of unknown severity if I (my dependent) did not clear them completely. I (my dependent) may require to repeat the procedure (more office visits at my cost) until I (my dependent) clear them satisfactorily.

After the successful completion of my NAET© treatment I give permission to the practitioner to use my (or my dependent's) case study in education other similar patients or accumulation data for research purposes without disclosing my real name or demographics. I give permission to take photographs of my (my dependent's) diseased body part (e.g. in the case of skin problems, etc.) to use in research or patient education purposes without disclosing my real name or demographics.

I have read or have had read to me the above statements and have had opportunity to ask questions about its contents and by signing below I agree to the terms and procedures.

Patient's signature (or guardian)

Printed name in full

Date

Name of the minor

Relationship to the minor

Signature of the witness

Printed name in full

Date