



Renewed Health Acupuncture and Herbal Medicine
893 N. IH-35, Suite 140
Round Rock, TX 78664
(512) 341-9900

NAET Patient Intake

Thank you for choosing Renewed Health as your wellness provider. Please help us provide you with a complete evaluation by taking the time to fill out this questionnaire carefully. All your information will be confidential. If you have any questions, please ask. Thank you. **Date** ___/___/___

Patient Name: (first) _____ (last) _____ (middle init.) _____
 (preferred to be called) _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Male Female

Date of Birth: _____

Marital Status: S M D W

SSN: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Phone: (home) _____

(work) _____

(cell) _____

E-mail: _____

Family Physician: _____

Do you have health insurance? Yes No If yes, does your insurance cover Acupuncture? Yes No

How did you find out about us? _____

Current Health:

What health concerns brought you here today: (list in order of importance)

1) Condition: _____ Past Treatment: _____

2) Condition: _____ Past Treatment: _____

Any other health concerns that you may want to address in the future: (list in order of importance)

1) Condition: _____ Past Treatment: _____

2) Condition: _____ Past Treatment: _____

Is there any chance you might be pregnant? Y N Hepatitis: Y N If Yes, type: (A/B/C/D) HIV/AIDS: Y N

Pacemaker? Y N Chronic infectious diseases? Y N

Significant Illness (please include month/year when the diagnosis was established)

Cancer _____ Thyroid disease _____ Diabetes _____ Seizures _____

Arthritis _____ Tuberculosis _____ Anemia _____ Sexually transmitted diseases _____

Fibromialgia _____ Heart disease _____ Emotional imbalance _____ Breathing problems _____

Past Medical History: (Please check if you have or have had any of the following diseases or conditions in the last 3 months)

- Peculiar tastes Bleed/bruise easily Poor balance Sweat easily Tremors Strong thirst Nose bleeds
- Chest pain Stoke Heart attack Palpitations Swelling of ankles Varicose veins Slow wound healing
- Shortness of breath Chest pain Coughing blood Phlegm Wheezing Difficulty breathing Pneumonia
- Ulcers Nausea Belching Vomiting Gall bladder problems
- Pain on urination Urgent to urinate Blood in urine Dribbling Kidney stones Pain of genital

Bowel Movements: # per day/week _____

Stress level: High Medium Low Is it manageable? Y N Cause: _____

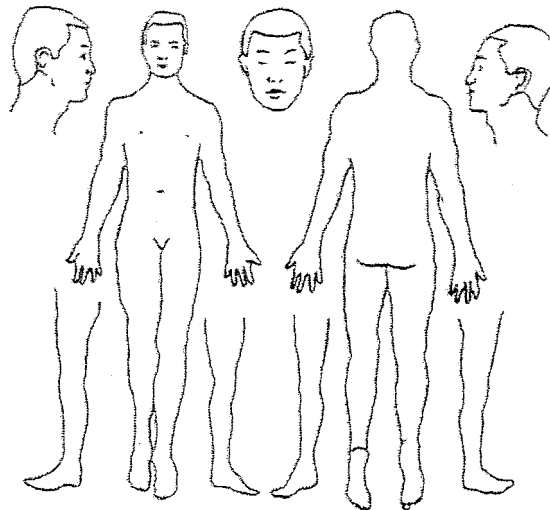
Female Reproductive/Breasts None

- Frequent vaginal infections Endometriosis Fibroids Ovarian cysts Fertility problems
- Breast lumps Breast tenderness Sexual difficulties/pain during sex

Musculoskeletal None

- Muscle spasm/cramps Weak muscles Localized Weakness Body Pain (see below)

Indicate painful or distressed areas: place an "X" over severe pain or an "O" over dull pain areas



Surgeries/ Hospitalizations:

Trauma (auto accidents, sports injuries, etc): _____

Any other conditions: _____

Current Medications: (including prescriptions, vitamins, OTC drugs, herbs)

Family Medical History:

Please indicate if any immediate family members have had the following diseases.

	<u>Relation</u>
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Stroke	_____
<input type="checkbox"/> Alcoholism	_____
<input type="checkbox"/> Asthma	_____

Other: _____

Lifestyle:

Typical daily food intake: Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

How much coffee/day? _____ Tea/day? _____ # Sodas/day? _____ Water/day? _____

Vegetarian? Y N Yes, but not so strict Do you eat a lot of spicy food? Y N

Sleep: Do you fall asleep easily? Y N Wake during the night? Y N How many times? _____

If waking, what wakes you? _____

Able to fall back asleep? Y N Wake refreshed? Y N How many hours/night? _____

Occupation: _____ How many hours do you work per week? _____

Do you enjoy your work? Y N Why/why not? _____

Habits: Do you use tobacco? Y N What type? _____ How many times a day? _____ Since when? _____

Do you use any drugs for non-medical purposes? Y N Explain: _____

What kind of alcohol beverage do you usually drink? _____ Ave. # drinks per week: _____

Symptoms Survey

Please mark (√) your level of discomfort to the following allergens:

0 = No discomfort

10 = Maximum discomfort

An = Anaphylactic

Allergen	0	1	2	3	4	5	6	7	8	9	10	An
Aspirin												
Chemicals												
Chemotherapy												
Clothing Items												
Cold												
Computers												
Corn												
Cosmetics												
D. Anaesthesia												
Egg												
Environment												
Fish/Shellfish												
Food Additives												
Food Colors												
Formaldehyde												
Fungus												
Hair Colors												
Heat												
Ice Cream												
Latex												
Milk Products												
Mold												
Mushrooms												
Peanuts												
Penicillin												
People												
Perfume												
Pets & Animals												
Plastics												
Radiation												
Salicylates												
The Sun												
Wheat/Gluten												
Others (please list):												

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Please mark (√) your level of discomfort:

0 = No discomfort

10 = Maximum discomfort

Symptom	0	1	2	3	4	5	6	7	8	9	10
Abdominal Bloating/Pain											
Acne											
ADD/ADHD											
Addiction to: Smoking											
Alcohol											
Carbohydrate											
Coffee											
Drugs											
Food											
Anxiety/Anxiety Attacks											
Arthritis (specify type)											
Asthma											
Autism											
Backache											
Bad Breath											
Bed Wetting/Incontinence											
Behavioral Problems/Easily Angered											
Bipolar Disorders											
Blood Pressure Problems											
Bronchitis											
Cancer (specify type)											
Candida/Yeast											
Chicken Pox											
Chronic Fatigue											
Colitis											
Constipation											
Cough											
Crohn's Disease											
Depression											
Diarrhea											
Dry Eyes											
Ear Infections/Problems											
Eating Disorders											
Eczema											
Emotional Problems/Imbalance											
Excessive Appetite											
Eye Problems (specify type)											
Falling Out Hair											
Fibromyalgia											
Flatulence/Gas											
Food Cravings											
Frequent Colds											

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Symptom	0	1	2	3	4	5	6	7	8	9	10
Frequent Infections											
Frequent Urination											
Gallstones											
General Itching											
Hay Fever											
Headaches											
Heart Irregularities/Disease											
Hemorrhoids											
Herpes											
Hives											
Hormone Imbalances											
Hyperactivity											
Hypoglycemia											
Immunization After-effects											
Indigestion											
Insomnia											
Irritable Bowel Syndrome (IBS)											
Kidney Disease											
Knee Pains											
Leaky Gut Syndrome											
Learning Disabilities/Dyslexia											
Liver Disease											
Lock Jaw											
Lupus											
Menopausal Syndrome											
Migraines											
Mood Swings											
Multiple Sclerosis											
Nervous Stomach											
Night Sweats											
Obsessive Compulsive Disorders											
Overeating											
Pain anywhere in the body											
Parasitic Infestation											
Phobias											
Poor Appetite											
Poor Memory											
Post Nasal Drip											
Premenstrual Syndrome (PMS)											
Psoriasis											
Psychological Disorders											
Rashes											
Restless Leg Syndrome											
Rheumatoid Arthritis											
Ringworm											

Physician Evaluation

Pursuant to the requirements of Section 6.11, Subsection (d) V. A. C. S., article 4495b, governing the practice of Acupuncture

I (patient’s name) _____, am notifying the licensed acupuncturist of **one** of the following:

1) I have been evaluated by a physician or dentist for the condition(s) being treated within the 6 months before this acupuncture treatment was performed. Yes ____ No ____

I recognize that I should be evaluated by a physician for the current condition(s) or any future condition(s) treated by the licensed acupuncturist _____ (patient initials)

2) I understand that the following conditions do not require evaluation from a physician within the last 6 months (please circle those that apply): Smoking Cessation Weight Loss Chronic Pain Cosmetic Facial Ac.

3) I have received a referral from my chiropractor within the last 30 days for acupuncture. Yes____ No____
After being referred by a chiropractor, after 30 days or 20 treatments, whichever comes first, if no substantial improvement occurs in the condition being treated, I understand that the licensed acupuncturist is required to refer me to a physician. It is my responsibility and **choice** whether to follow this advice.

Signature of Patient _____ Date: _____

Financial Policy

Most conditions require an average of 6-12 treatments, although some will respond well within 4-6 visits and others may require a longer series – this depends on the severity and the chronic nature of the chief complaint and how your body individually responds to the treatment.

Renewed Health is a Blue Cross Blue Shield provider and does accept insurance. Your insurance will be verified for in-network or out-of-network benefits. I understand that insurance verification is strictly an estimate and not a guarantee of payment according to my insurance company. I understand that this office will bill my insurance company as a courtesy to me, and if for any reason the insurance company does not pay or cover the services, that I will be directly responsible for payment to Renewed Health.

MasterCard, Visa, and Discover are accepted as well as cash and checks. Any checks with insufficient funds will be charged an additional \$30 by this clinic.

Your appointment time is reserved specifically for you. Cancellation of any appointment should be made within 24 hours prior to your scheduled time. We reserve the right to charge \$30 for cancellations less than 24 hours or for missed appointments.

Please indicate your understanding and acceptance of these policies by signing below.

Signature

Printed Name

Date

Fax to: 512-410-2322

TAX ID# 26-3792216

NPI# 1538308671

Insurance Benefit Verification

Date: _____/_____/_____

Patient Name: _____ DOB: _____

Patient Address: _____

Primary Policy holder: _____ DOB: _____

Insurance : _____ Phone#: _____

Policy ID#: _____ Group #: _____

General Complaint: _____

Upon verification of your acupuncture, your insurance company has informed us that you are covered as follows: effective date: _____

Deductible: _____ Co-insurance: _____ calendar year or plan year

Max number of visits or dollars per year for Acupuncture: _____

THIS MEANS:

At each visit you are responsible for \$ _____ until your deductible has been met (which is approximately _____ visits). Thereafter you will be responsible for \$ _____ for the remaining _____ visits for each year.

OR:

At each visit your are responsible for a co-payment of \$ _____ for a maximum of _____ visits per year.

I have read and understand my acupuncture benefits as explained to me. I also understand that this is strictly an estimate and not a guarantee of payment according to my insurance company. I authorize payment of medical benefits to Renewed Health for my treatments. I authorize the release of medical records or other information necessary for the processing of my claims. I understand that this office will bill my insurance company as a courtesy to me, and if for any reason the insurance company does not pay or cover the services, that I will be directly responsible for no more than \$70 per visit.

Patient's Signature: _____ Date: ____/____/_____

Verified By: _____ Date: ____/____/_____ Spoke to : _____ @ _____

NAET Consent Form

I ----- certify that Sandy Schwartz, L.Ac. 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. Rather, NAET gives the practitioner an indication as to the substance(s) to which the patient may have a sensitivity to. NAET uses various, standard medically proven diagnostic measures and modalities (allopathic, chiropractic, kinesiological, 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 (my dependent) to continue all medications and other treatment modalities as they have prescribed unless otherwise directed by the doctor who prescribed them. During the 25 hours or after if I (my dependent) get a life-threatening reaction from the allergen I (my dependent) 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 dependent) 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 dependent's) symptoms under control while I (my dependent) am treating with NAET treatments. This way essential NAET treatments can be completed without interruption and once I (my dependent) complete the essential NAET treatments for my (my dependent's) condition, I (my dependent) may not need to continue pharmaceutical drugs indefinitely.

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

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

I give permission to Renewed Health, LLC to use my (my ward's) case study in educating other similar patients or accumulating data for research purpose without disclosing my real name or address. I give permission to take photograph of my (my ward's) diseased body part (e.g. in case

Initials _____

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of skin problem, etc.) to use in research or patient education purpose without disclosing my real name or address.

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 (or responsible party) signature

Date

Practitioner signature

Name of Minor

Relationship to ward (mother/father/etc.)

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 instructions 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 any previous medical records, laboratory and radiological reports that are related to allergies or diseases that may be caused by allergies. You will be required to complete the following forms before your first treatment: NAET Patient Intake, Symptoms Survey, Physician Evaluation, Financial Policy, and NAET 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 (this is done with the tinctures where appropriate). 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 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.
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 NAET 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.

Renewed Health Acupuncture and Herbal Medicine

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Patient (or responsible party) signature

Date

Patient (or responsible party) printed name

Practitioner signature

Name of Minor

Relationship to minor (mother/father/etc.)