



Whispering Lotus Healing Center  
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4222 W. Emerald St.  
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[www.whisperinglotus.com](http://www.whisperinglotus.com)

### **NAET TREATMENT INFORMED CONSENT**

*Please initial each line and sign/date the bottom of this form.*

\_\_\_\_\_ I understand that NAET can help reduce inflammation and symptoms, but may not be a complete cure for specific health conditions. For people with serious illnesses, NAET may be palliative care but it may be necessary to receive regular/on-going treatments, do regular home treatments, take prescribed nutritional supplements and/or medications, and/or do a food-rotation diet for aggravating foods.

\_\_\_\_\_ I understand that substances that cause an IgE immune reaction (immediate response allergies) will likely require more treatment and treatment combinations than treating items that elicit IgG or IgA immune reactions (delayed response food sensitivities/food intolerances).

\_\_\_\_\_ I understand that a 25-hour avoidance period is required after I leave the office for the items I have been treated for that day. This means not coming into contact or consuming the substance.

\_\_\_\_\_ I understand that adults and children over 10 years old will need to stimulate their gate points (instruction provided by the NAET practitioner) either manually or with an Acu-Stim every 2 waking hours for the duration of the 25 hour avoidance period following a treatment.

\_\_\_\_\_ I agree that I will consult the NAET Guide Book prior to each treatment to help me know what I may and may not eat during the treatment. I agree to grocery shop and prepare my house, school or work environment in advance to my treatment according to the instructions in the NAET Guide Book. The avoidance period may involve things such as: drinking distilled water or even wearing gloves or a mask during certain treatments. Each avoidance period varies.

\_\_\_\_\_ I know it is my responsibility to plan ahead and be prepared for the next treatment and not spend office time trying to figure out if I can avoid everything on the list that day. I will be charged for extra time if I do this. I will read about the next treatment in my book each time before coming in.

\_\_\_\_\_ I have read the “Instructions for New NAET Patient before Beginning Treatment” and know that I am not supposed to vigorously exercise, take a shower, or get a chiropractic adjustment for at least 6 hours after a treatment.

\_\_\_\_\_ I acknowledge I have been **recommended** to read or listened to the book Say Goodbye To Your Allergies found in the NAET.com store

\_\_\_\_\_ I have watched the “What Is NAET?” video <https://www.whisperinglotus.com/naet/naet-videos-and-research/>



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\_\_\_ I will turn my cell phone off, take metals and jewelry off and out of pockets, have my hands washed and mouth rinsed, not cross my arms and legs while being treated or tested and during the 20 minutes after the treatment while I'm holding the treatment vial.

\_\_\_ If I have significant scoliosis or otherwise need a surrogate to be treated I will bring a well-rested and willing person with me to the office each visit.

\_\_\_ After the Basic 15 treatments have been completed, I understand that in order to get the most out of my treatments, reinforce the work we have done, and to treat food combinations I am willing to collect food and drink from each day's menu into a thin glass container (such as a baby food jar), and do home treatments each night by holding that sample and simultaneously stimulating my gate points. This practice is recommended for 3 months or perhaps longer.

**Fees**

- The initial NAET appointment takes approximately one hour and thirty minutes. The fee is \$130 for the first appointment.
- Follow up appointments are approximately 60 minutes in length and are \$90 per treatment.
- Longer more complex treatments are \$110 to \$130 and last from 1.25 hours to 1.5 hours depending on complexity.
- Acustems costs \$16-\$20 dollars and are available in the office.

\_\_\_ If I want to test or treat more than 1 item from home on a follow up visit, I understand that this will take extra office time and I will be charged for it.

\_\_\_ If my visit exceeds 60 minutes because I am getting an extra treatment, testing additional items or receiving other treatment advice, I will be charged for an extended visit.

Continue ALL medications and other treatment modalities as they have been prescribed unless otherwise directed by the doctors who prescribed them including pharmaceuticals, massage therapy, acupuncture, etc.

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

Signature of patient/  
guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Signature of practitioner \_\_\_\_\_ Date \_\_\_\_\_