

# Inphinite Wellness

## Consent for Care

In my applying for care and treatment at Inphinite Wellness, LLC, I understand that NAET (Nambudripad's Allergy Elimination Techniques) utilizes the principles of kinesiology (muscle testing) to diagnose items to which the patient may have hypersensitivity. It does not diagnose diseases. This procedure then makes use of acupressure techniques to desensitize a patient to substances so that the patient may not experience hypersensitive symptoms when they have future contact with the desensitized allergens. I understand Inphinite Wellness, LLC does not guarantee the cure of any illness.

I understand that for 25 hours after the treatment I am to avoid eating, touching, breathing, or coming within 5 feet of the substance(s) for which I have been treated. If I come in contact with the substance(s) during that time, I realize that the treatment may not work and I may have a sensitivity reaction.

I understand that I must return after the 25-hour avoidance period, preferably within 7 days to see I have cleared the substance(s) for which I was treated. I understand that I may still experience a reaction to the substance(s) of unknown severity if I come in contact with the item(s) if I did not clear them completely. If I did not clear them completely, I may have to repeat the procedure until I clear them satisfactorily.

I understand that I am to continue all medications and other treatment modalities as they have been prescribed unless directed otherwise by the doctor who prescribed them. During the 25 hour avoidance time, if I get a serious reaction from the allergen for which I was treated or from some other sources, I need to seek emergency help from a physician qualified to handle emergency treatments or to call 911 or go to an emergency room at a local hospital for emergency care. If I am suffering from severe allergic reactions to substances, I should consult an appropriate physician and take appropriate medication (such as antihistamines) to help prevent, itching, tissue swelling, fever, cough, pains, infections, mental irritability, etc. in order to keep my symptoms under control while I am receiving NAET treatments. This way essential NAET treatments can be completed without interruption.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Patient Name: \_\_\_\_\_