

## Information and Consent for Treatment

**Please print (single-sided) and bring these completed forms to your first appointment.  
Please complete the following 5 pages. We look forward to helping you.**

Dr. Lisa Conard is a Doctor of Medical Dentistry and practices general dentistry in Lebanon, IN.  
David Honan is the son of Dr. Paul Honan and worked with Dr. Honan for years developing treatment protocol.

Dr. Conard developed an interest in alternative medicine as a result of illnesses of her children that were not improving with traditional medical care. She began training in NAET (Nambudripad Allergy Elimination Technique) in 1999. She had further training in BioMeridian Meridian Stress Assessment beginning in 2000 and completed training in the Kaiser Institute Program in Intuition 2006. David Honan began to study NAET under the guidance of Dr. Honan and has helped organize the system that is used in the office today.

Both Dr. Conard and David, continued to study NAET with Dr. Paul Honan until his passing in May of 2017. At his request, they are continuing the care of his patients and any patient who is seeking NAET. Non-traditional methods for treating illness include nutritional therapy, biotherapy, counseling, acupuncture, massage therapy, herbal medicine, faith, and spiritual medicine, homeopathy, Chinese medicine, biofeedback therapy, SCENAR therapy, NAET, and other energy modalities and techniques. These are classified by traditional medicine and complimentary of alternative medicine. Some of the non-standard care methods haven't been reviewed by and/or approved by the Food and Drug Administration. They may not be the usual or norm of medical practice in a particular community.

In the interest of patient care, Dr. Conard and David have taken special training and have integrated these modalities into practice for improved patient care.

Allergy is an abnormal response that in some people produces symptoms to substances that can be swallowed, inhaled, touched, or injected. The usual treatment is to avoid the substance or to suppress the allergic response with medication. NAET is a non-medical, non-surgical method of treating allergies.

Most physicians are not acquainted with these and other non-traditional therapies and techniques. It is a natural human trait to be concerned about those things with which we are not acquainted. Some people find it difficult to consider other than traditional therapies. We fully understand as we once had these same concerns.

### Consent for NAET

Patient \_\_\_\_\_

I have read the information about NAET. I am aware that these forms of therapy are intended to complement and not to be used as a substitute or replacement for standard medical care. Dr. Lisa Conard and David Honan have advised me that to the best of their knowledge these treatments are not covered by insurance, Medicare, or Workman's Compensation programs. We will not file any insurance for NAET. I acknowledge and accept liability for payment of charges for these treatments.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_

Testing and Treatment \$175.00 Additional treatment \$95.00

**Questions: 765-482-1060  
Begin Healing with NAET  
Dr. Lisa Conard  
1705 Indianapolis Avenue  
Lebanon, Indiana 46052**

# Begin Healing with N.A.E.T.

## Health History

Patient's Name \_\_\_\_\_ Phone, daytime \_\_\_\_\_  
Address, street \_\_\_\_\_ Phone, evening \_\_\_\_\_  
City, state, zip \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ M  , F

Name of Spouse, if married \_\_\_\_\_ Children \_\_\_\_\_  
Occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

What are your hobbies and recreational interests \_\_\_\_\_  
Are you exposed to smokers at home or work? Yes  , No  . Any other harmful chemicals? Yes  , No

Are you currently under any medical or therapeutic treatment? Yes  , No

If so, for what conditions? \_\_\_\_\_

Please list your primary physician's name. Phone, location and practice specialty:	Also, other health care workers name, phone, location and practice specialty:
_____	_____
_____	_____
_____	_____
_____	_____

Please list all medications and / or supplements taken within the last two months on a separate sheet if the list is more than can fit here. \_\_\_\_\_  
\_\_\_\_\_

Do you have an epi-pen? Yes  , No  . What do you use it for? \_\_\_\_\_

What type of water do you drink? City  , Well  , Purified  . Average (# of glasses) per day? \_\_\_\_\_

If purified water, name and type of unit used. \_\_\_\_\_

Do you use an air filter / purifier and home or work? Yes  , No  . (name, type) \_\_\_\_\_

Which do you use? Margarine  or Butter  What oils for cooking: \_\_\_\_\_ for dressings: \_\_\_\_\_

Do you eat breakfast? Yes  , No  . If yes, typically what? \_\_\_\_\_

How regularly do you bowels move? Less than once daily  , 1-2 times a day  , more than 3 times daily

Is the pattern consistent? Yes  , No  . Any odor to your stools? None  , Some  , Yes (foul / strong odor)  . Does your stool ever contain mucous, blood or undigested food particles? Yes  , No  .

Family history of health problems include the following: \_\_\_\_\_  
\_\_\_\_\_

Who may we thank for referring you? (How did you hear of us?) \_\_\_\_\_

What are your expectations for this and subsequent visits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Dietary History\*

*\*(This is not a "blame game"; if you are detailed and accurate, this dietary information will help to determine your true nutritional needs)*

Name \_\_\_\_\_

What you typically eat for Breakfast:

---

---

---

What you typically eat for Lunch:

---

---

---

---

What you typically eat for Dinner:

---

---

---

---

Snacks: \_\_\_\_\_

---

Desserts: \_\_\_\_\_

---

Weekend dietary changes: \_\_\_\_\_

---

Foods you binge on: \_\_\_\_\_

Types of diets you have tried: \_\_\_\_\_

---

When you haven't eaten all day and you are very hungry,  
What do you want to eat first:

---

---

---

## Pertinent Neural Therapy History

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following with the approximate age of occurrence. Please try to enter the information in chronological order from your birth or childhood to the present.

<i>Surgery</i>	<i>Age</i>	<i>Serious infections /diseases</i>	<i>Age</i>
		<small>(PNEUMONIA, MONO, T.B., CANCER, HEART ATTACK CHRONIC BROCHITIS, COLITIS, ETC.)</small>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

---

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

---

---

**\*You may refuse to sign this acknowledgement\***

I, \_\_\_\_\_, have received a copy of this office's  
Notice of Privacy Practices

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

---

For office use only

---

---

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situations prevented us from obtaining acknowledgement
- Other (Please specify)

---

---

---

---