**DR. CECILIA YEE**

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**PATIENT REGISTRATION FORM**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR OFFICE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR APPOINTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RELEASE FORM**

I, the undersigned, certify that Dr. Cecilia Yee does not claim to cure any illness or disease with NAET (Nambudripad’s Allergy Elimination Technique).

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 acupressure) to diagnose the patient’s condition. The premise behind NAET is to desensitize a patient to a substance(s) using allopathic, chiropractic, acupressure, nutritional, and kinesiological principles so that the patient may not experience hypersensitive symptoms when they have future contact with them. I understand that Dr. Yee may also use other energy balancing techniques to treat her patients with.

I understand that I am (my dependent) is to continue all medications and other treatments 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 that I (my dependent) was treated for or from some other source, I need to seek emergency room care 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 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 (my dependent) am treating with NAET treatments. This way, essential NAET treatments can be completed without interruption, and once I 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 coming within 5 feet or more (unless otherwise instructed by Dr. Yee) of the substance being treated. If I come in contact with the substance 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 at some point after the 25 hour avoidance period to see if I (my dependent) have cleared for the substance(s). I fully understand that I may still experience a reaction to the substance(s) of unknown severity 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 completely.

I give permission to Dr. Cecilia Yee to use my (my ward’s) case study in educating other similar patients or accumulating data for research purposes without disclosing my real name or address. I give permission to take photographs of my (my ward’s) disease body part (e.g. in case of skin problems, etc.) to use in research or patient educational purposes without disclosing my real name or address.

I, the undersigned, agree to pay in full at the time of treatment, the amount of $150.00 for the initial exam, and $70.00 per visit for each successive treatment unless otherwise specified by the doctor. The fee ***will not*** be charged to any insurance carrier, but will be my responsibility. I understand that payment is expected at the end of each treatment. New patients will be charged $75.00 at the time of reservation, and a balance of $75.00 will be paid in full at the time of the first visit. The $75.00 fee will not be refunded if the new patient does not show for their appointment or cancels outside the 24 hour period prior to the appointment.

I have been informed that I must give 24 hours notice for cancellation or I will be charged a $25 cancellation fee for ongoing patients. I give Dr. Yee permission to charge my credit card $25.00 in the event of cancellation without 24 hour notice.

I have received the NAET clinic rules/ patient instructions.

I give Dr. Yee permission to share my information with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Relation\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WE DO NOT ALLOW THE USAGE OF ANY ELECTRONIC EQUIPMENT IN THE OFFICE, AS THEY MAY INTERFERE WITH THE NAET TREATMENTS AND DAMAGE THE EFFECTIVENESS OF THE TESTING VIALS.**

**\*\*\*\* ALL CELLPHONES, TABLETS, ELECTRONIC GAMING DEVICES, \*\*\*\*\*\*\*\***

**AND COMPUTERS MUST BE SHUT OFF IN THE OFFICE!**