

Elissa Viarengo

Alternative Health Care Practitioner

970-481-7536

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Client Disclosure Form

In 1995, Elissa D. Viarengo graduated from the International Institute of Chinese Medicine in Santa Fe, N.M. She received a Master of Oriental Medicine in three years. Elissa was certified in acupuncture by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), was certified as a Doctor of Oriental Medicine (D.O.M.) by the state of New Mexico and was licensed in good standing to practice acupuncture in the state of New Mexico, Colorado and New Jersey.

In 1999, Elissa completed Dr. Nambudripad's 32 hour training course for N.A.E.T. was certified as a practitioner of N.A.E.T.

In 2000, Elissa completed Dr. Ellen Cutler's Basic Training Seminar and since then has completed numerous advanced training seminars and is a certified Master Practitioner and instructor of BioSET in good standing. Dr. Cutler selected Elissa to participate in a year long internship program which she completed in January 2007.

In 2014, Elissa completed Dr. Bradley Nelson's training course for Emotion Code and is a certified practitioner in good standing.

In 2017, Elissa completed Dr. Bradley Nelson's training course for Body Code and is a certified practitioner in good standing.

Elissa Viarengo is not a medical doctor. She does not diagnose illness or cure any disease. She is a trained alternative health care practitioner and performs wellness evaluations and integrative / complementary healing and can refer to other health professionals when appropriate. Elissa does not participate in any third party insurance plans.

Fees for All Treatments:

	<u>Adults</u>	<u>Children under 14 years old</u>
First Visit	\$180	\$115
Follow Up Visits	\$65	\$65
Supplements:	Enzymes - \$25 Detoxifying Remedies - \$16 Herbs - \$16 - \$25	
Discount	\$10 off treatment for any referral! ☺	

By signing this form you, the patient, authorize Elissa Viarengo to administer any healing and / or evaluation procedure she deems necessary and advisable; and to release any information pertinent to your case to any health care practitioner involved in this case.

Patient Name: _____

Patient Signature : _____ Date: _____

(Or Guardian's signature if patient is under 18 years old)