

Terms of Acceptance

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both parties to be working towards the same objective. ***Our only practice objective*** is to eliminate a major interference to the expression of the body's innate wisdom. ***Our only method*** is specific adjusting to correct vertebral subluxations. However we may use other procedures to help your body hold the adjustments. It is important that each patient understand both the objective and the method that will be used to obtain it. This will prevent any confusion or disappointment.

We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxations or neuro-musculoskeletal conditions. However, if during the course of a chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will inform you of our findings. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of another health care provider. *Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others.*

Chiropractic Terms:

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method or correction is by specific adjustments of the spine.

Vertebral Subluxation: A misalignment of one or more of the 34 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

I, _____ have read and fully
(Print Name)

understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

(Signature)

(Date)

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal
(print name)

guardian of _____ have read and fully
(print child's name)

understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.