

Terms of Acceptance

When a person seeks chiropractic health care and we accept a person for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal and that is the removal of nerve interference, through adjustments, to allow your body to heal and function optimally. It is important that each practice member understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. Following are some terms that we will use as we discuss your case, please review them as you may be tested! ☺

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

Wellness: The degree to which an individual experiences health and vitality in any dimension of life.

Vertebral Subluxation: A misalignment of one or more of the 24 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.

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

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. 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. 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.

I _____ have read and fully understand the above statements.
(Print Name)

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 guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

(Signature)

(Date)

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICE

I (print) _____ have reviewed a copy of this office's Notice of Privacy Practices.

(Signature)

(Date)