

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understands both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

The practice of Chiropractic in this office consists of:

1. Analysis of the spine for the purpose of locating *vertebral subluxations*. A *vertebral subluxation* is 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 natural ability to express its maximum potential.
2. *Adjustments* of the spine for the purpose of correcting *vertebral subluxations*. 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.
3. Education and encouragement of our practice members to become aware of and be responsible for their own *health* and well-being. *Health* is a state of optimal physical, mental and social well being, not merely the absence of disease and infirmity.
4. Empowerment of our practice members regarding the inherent healing capabilities of the human body.

Your care in the office is not a substitute or alternative for, nor is it a preventative form of medicine. No statement of the chiropractor is intended as a medical diagnosis and should not be confused as such. Regardless of what the disease is called, we do not offer to diagnose or treat any disease or condition other than the vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual finding, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

We do not 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.

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

I therefore accept chiropractic care on this basis.

Patient's Signature

Date

Minor: (signature of parent or guardian if minor)

Date