

## TERMS OF ACCEPTANCE FOR CHIROPRACTIC CARE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working toward the same objectives. Chiropractic has only one goal: to improve quality of life. It is important that each patient understand the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. It is crucial that the chiropractic care recommended by the doctor be followed exactly. The patient must make every effort to keep all appointments so he/she may reach his/her optimal state of health.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spinal column which causes alternation 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:** The specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments to the spine.

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

We do not offer to diagnosis or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examinations 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 service of a health care provider who specializes in that area.

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.** Therefore, our only method is specific adjustments to correct vertebral subluxations.

I, \_\_\_\_\_, have read and full 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 and will take an active role in my health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date