

Hands on Health Chiropractic Ideal Posture, LLC

CONSENT FOR TREATMENT

When a patient seeks chiropractic health care & we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has one primary goal. It is important that each patient understand both the objective & the method that will be used to attain it.

- **Problem: Vertebral Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column, which causes alteration of nerve function & interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.
- **Solution: 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 on the spine. I have been advised that chiropractic care, like all forms of health care, holds certain risks. While the risk are most often very minimal, in rare cases, complications such as sprain/strain injuries, irritation of a disc condition, and although rare, minor stress fractures.
- Treatment objectives as well as the risks associated with chiropractic adjustments and, all other procedures provided have been explained to my satisfaction and I have conveyed my understanding of both to the doctor. After careful consideration, I do hereby consent to treatment by any means, method, and or techniques, the doctor deems necessary to treat my condition at any time throughout the entire clinical course of my care.
- **Goal: Health:** A state of optimal physical, mental & social well-being, not merely the absence of disease or infirmity.

If during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings we will advise you to seek the service 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.

_____/_____/_____
Print Patient Name DOB

_____/_____/_____
Patient or Authorized Person's Signature Date



Witness Initials