

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 toward the same objective.

Chiropractic has only one goal, health. It is important that each patient understand this objective, the importance of eliminating the subluxation, feeding the body, and their individual role in the attainment and maintenance of their health.

ADJUSTMENT: An adjustment is the specific application of forces used to facilitate the body's correction of nerve interference due to a subluxation. Chiropractor's are the only individuals trained and licensed to perform a chiropractic adjustment.

MANIPULATION: The forceful, passive movement of a joint beyond its active limit of motion. It does not imply the use of precision, specificity, or the correction of nerve interference. Therefore, it is not synonymous with a chiropractic adjustment.

HEALTH: A state of optimal physical, mental, and social well-being, not merely the absence of disease and infirmity! Health is a process where the body accurately perceives its' constantly changing needs and responds appropriately in a timely manner.

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 vertebrae in the spinal column, which causes an alteration of nerve function and interference of nerve signals, result inevitably in the decrease of the body's innate ability to express its maximum health potential.

CHIROPRACTIC PRACTICE OBJECTIVE: To correct nerve interference in a safe, effective manner. The correction is not considered to be a specific cure for any particular symptom or disease. It is applicable to any patient who exhibits nerve interference regardless of the presence or absence of disease or symptoms.

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 findings, we will advise you and refer you to seek appropriate care.

I, _____, have read and fully understand the above statement. 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: _____