



Terms of Acceptance

When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both the doctor and the patient to be working towards the same objective. Chiropractic has only one objective and it is important that each patient understand both the objective and the method that will be used to attain it, in order to prevent potential confusion and disappointment.

Objective

Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom caused by vertebral subluxation. Our only method is specific, gentle adjusting of the spine to correct vertebral subluxation.

- **Health:** A state of optimal physical, mental and social well-being, not merely the absence of disease. Correcting vertebral subluxations via gentle spinal adjustments always increases the body's ability to produce health.
- **Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae 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, gentle adjustments to the spine.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation nor do we offer advice regarding treatment prescribed by others. However, if during the course of 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 a health care provider who specializes in the area.

I, _____, have read and fully 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.

Signed _____

Date _____