

TERMS OF ACCEPTANCE

When a patient seeks chiropractic care and when a chiropractor accepts a patient for such care, it is essential that both are speaking and working for the same goals. Chiropractic **DOES NOT** diagnose or treat disease. Chiropractic has only one goal:

TO LOCATE, ANALYZE, AND CORRECT SPINAL INTERFERENCE TO THE NERVOUS SYSTEM.

The purpose of the nervous system is to control and coordinate all bodily functions. The nervous system is the master system of our body. Interference to this master system automatically produces improper function in the body. The **SUBLUXATION** or spinal misalignment, in and of itself, is a detriment to life and health. Correction of the Subluxation through a specific, scientific chiropractic adjustment allows the body to function at its optimum level.

One of the many benefits of a chiropractic adjustment is that you **MAY** feel better but this is **NOT** the **GOAL** of an adjustment. The goal of an adjustment is to correct SUBLUXATIONS thereby removing interference from the nervous system and allowing the body to heal itself. As a result, **WE DO NOT TREAT PAIN OR DISEASE!** We remove subluxations to allow the **INNATE** healing power of the body to work at maximum efficiency to restore, maintain, and promote natural health.

**WE DO NOT DIAGNOSE CONDITION(S) OR DISEASE(S) OTHER THAN VERTEBRAL
SUBLUXATIONS.**

**WE DO NOT OFFER TREATMENT OF CONDITION(S) OR DISEASE(S)
OTHER THAN VERTEBRAL SUBLUXATION(S).**

WE PROMISE NO CURE FROM ANY CONDITION(S) OR DISEASE(S).

**THE CHIROPRACTIC ADJUSTMENTS RESTORES
LIFE AND HEALTH TO ITS FULLEST POTENTIAL!!!**

With that said...

There is an inherent risk in all things and the chiropractic adjustment may be one of them. These risks may include but are not limited to: muscle spasms, sprains, fractures, strokes, dislocations, and disc injuries. ***The probability of these risks occurring is over 1 in every 1,000,000!*** The Doctor **WILL** make every effort during the examination to **screen for ANY and ALL contraindications to chiropractic care** because we are dedicated to helping you **NOT** hurting you!

I, _____, having read the above statement, understand the purpose
PRINT NAME
of the chiropractic adjustment and do wish to undertake chiropractic adjustments on this basis.

Signature: _____ Date: _____
(Parent or Gaurdian if under 18 years of age)

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