

Terms of Acceptance

When we accept you as a patient into our practice, **it is important that you understand the objectives of our care.**

Chiropractors provide a **unique service** that other healthcare providers do not offer: the location and correction of vertebral subluxations (spinal nerve stress) in your body.

A **vertebral subluxation** is a misalignment or distortion of your spinal column or related structures that can affect your brain, nervous system and overall body function. **Subluxations can cause dis-ease** or loss of proper body function.

Chiropractors spend years studying how to locate and correct this destructive condition, first by analyzing your body structure (especially your spine) using various methods. Second, we **correct or adjust your subluxations** by using specialized techniques (spinal adjustment). When your spine and nervous system are free from the deep stress of vertebral subluxations **you function more efficiently** and your natural healing ability, **your inner healer**, will better communicate through your body.

We do not medically diagnose or treat any disease, symptom or condition. No matter what condition(s) you may have been diagnosed with and no matter what symptom(s) your body is expressing, **you always need a body free from subluxations.**

If, during the course of our chiropractic spinal examination, we encounter unusual findings, **we will let you know of them.** You may then decide whether you wish to investigate further and discuss your healthcare options with other healthcare professionals. **We will cooperate with you and with them in your goals.**

To summarize: the purpose of chiropractic care is not to treat diseases or conditions, nor to suppress symptoms, nor to perform surgery, but rather to make your body function better by **removing spinal nerve stress (subluxations).** Therefore we do not prescribe surgery or medications. If you wish to decrease or stop medications you should discuss that with your MD.

Our objective is to **eliminate a major interference to the expression** of your **physical/emotional health and healing**—vertebral subluxations—so that your natural healing ability and **your inner healer may function without this severe form of stress.**

I, _____, have read and fully understand the above statements.

Date _____

