## **Terms of Acceptance**

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

Chiropractic has one goal. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our method is specific adjusting to correct vertebral subluxation.

It is important that each patient understands both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

I authorize and agree to allow the doctor to work with my spine through the use of spinal adjustments and rehabilitative exercises for the sole purpose of postural and structural restoration of normal biogeochemical and neurological function.

I also understand that if I do not follow the doctor's specific recommendations at this clinic that I will not receive the full benefit from these programs. Also if I terminate my care prematurely, I also understand all fees incurred will be due and payable at that time.

We do not offer to treat or diagnosis any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination we encounter 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 that area.

I have read and understand the above statements. I understand that I will have an opportunity to ask questions about its content and by signing below I agree to the above mentioned treatments for my present condition and for any future condition(s) for which I seek treatment.

Signature

Date

**Print Name**