



Terms of Acceptance



We are happy that you chose us for your family's chiropractic health care needs. The following information is a short summary of chiropractic, our goals in this office, and our financial policy.

Illnesses come from a physical, a chemical, or an emotional source. Chiropractic health care focuses on the physical sources of illnesses. Specifically, your chiropractor will perform an examination to determine if your problem stems from a physical malfunction in your body. If your chiropractor determines that your problem can be helped by chiropractic care, he will review your options. If the chiropractor does not feel that chiropractic can help, he will refer you to another professional.

The nervous system of the body is responsible for all functions of the body, including healing. Chiropractors have found that a normally function nervous system will keep the body in a health state. However, this process can be interfered with. A VERTEBRAL SUBLUXATION (VSC) is a misalignment of a spinal bone. Chiropractors have found that these misalignments can interfere significantly with the nervous system, leading to all sorts of problems including headaches, back pain, stomach problems, difficulty sleeping, and lethargy. An ADJUSTMENT is a specific force designed to restore normal function and performance of the spine, removing the interference on your nervous system, thus increasing your health.

Our only practice objective is to find and correct any VSC interfering with your nervous system. We are confident that by focusing on your body's natural healing system, your health will improve. During the course of your treatment, if a non-chiropractic problem arises, we will advise you to seek the appropriate professional for your needs.

By signing this you have agreed to the following three statements:

1. I have read and fully understand the above statement
2. All questions regarding the doctor's objective pertaining to my care in this office have ben answered to my complete satisfaction.
3. I therefore accept chiropractic care on this basis

Signature: _____

Date: _____