

# C&R Family Chiropractic Center

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

1. 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 adjustments of the spine.
2. Health: A state of optimal physical, mental, and social well being, not merely the absence of infirmity.
3. Vertebral Subluxation: A misalignment of one or more of the 24 vertebra 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.
4. Chiropractic adjustments are exceedingly safe when applied properly. I do not expect the doctor to anticipate and explain all of the risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure that the doctor feels at the time, based on the facts known, and in my best interest.
5. I understand that my doctor may communicate by telephone call regarding appointments, care information or other details related to my care.
6. I understand that it is my responsibility to inform my doctor should I have a concern regarding the privacy of the area in which I receive care, my patient record or other communications related to my care; and that otherwise, C&R Family Chiropractic Center personnel will make every reasonable effort to ensure my privacy.

We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxations or neuron-musculoskeletal conditions. However, if during the course of a 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 another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, \_\_\_\_\_ have read and fully understand the above statements. By signing below, I agree to the above named procedures. I intend this acceptance form to cover the entire course of care now and in the future. I am free to withdraw my consent and discontinue care at any time.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

### Consent to evaluate and adjust a minor child

I \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ have fully read and fully understand the above terms of acceptance and hereby grand permission for my child to receive chiropractic care.