

**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. 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.

Here are important terms that are used in this clinic:

**Adjustment:** An adjustment is the specific application of forces to aid in the body's correction of subluxations. Our chiropractic method of correction will be by specific adjustment of your spine and extremities.

**Support Therapy:** balancing of muscles and supporting tissue structures to give strength and stability to the adjustment, through massage, exercise, stretching, instructed home therapy life style modifications and education to help you regain your health.

**Health:** A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

**Misalignment:** if one or more of the 24 vertebrae in your spinal column, your skull placement, sacrum and hips, and also the joints in the extremities become misaligned, it can cause an alteration of nerve function and interfere with the proper transmission of nerve communication, resulting in a weakening of the body's ability to express its maximum health potential.

**Appointment:** Your health recovery is very important to us. We ask that you also make it a priority. Be on time! This is a very busy clinic, and reschedules and cancellations cause unwanted disruption to the quality and outcome of care for yourself and others. Scheduling changes will result in a diminished level of care due to the unavailability of certain procedures and services which are being provided to other patients. This clinic schedules therapy tailored to your needs, therefore, PLEASE BE ON TIME!

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 provide you with recommendations for care in this office or through the services of another health care provider.

Our objective is to eliminate major interferences to the recovery of your health. Our methods include specific adjusting to correct biomechanical dysfunctions, provide massage therapy, exercise and physical therapy, nutritional and homeopathic supplements and Biopuncture. Additional services may be added from time to time as determined by our clinic director.

**Patient Agreement:**

I understand that the clinic will provide a designated appointment time for me and I agree that I will respect the importance of that time and I will make every reasonable effort to keep my appointment and to be on time. Any cancellations or reschedules that are not given a 24 hour notice may be personally charged an administration fee of \$20.00 per occurrence, which is not billable to my insurance. I agree to contact this office as soon as possible to reschedule my appointment.

I, \_\_\_\_\_ have read, fully understand and agree to the above statements.

Please review my application and accept me as a new patient in this clinic.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Female patients:** I, \_\_\_\_\_ do hereby state that to the best of my knowledge:

- I am pregnant
- I am not pregnant, nor is pregnancy suspected or confirmed at this time.

I agree to notify this office as soon as I know that my pregnancy status has changed.