

**TERMS OF ACCEPTANCE FOR A MINOR**

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.

**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 exercise, stretching, 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 the spinal column 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 impulses, resulting in a lessening of the body’s ability to express its maximum health potential.

We do not offer to diagnose or treat any diseases or condition other than the biomechanical malfunction of your body. 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. OUR OBJECTIVE is to eliminate the major interference to the expression of the health. Our method is specific adjusting to correct biomechanical dysfunctions.

Any cancellations or reschedules that are not given a 24 hour notice will be charged an administration fee of \$20.00. Please contact this office as soon as possible to reschedule your appointment.

I, \_\_\_\_\_ as legal guardian of \_\_\_\_\_, have read,  
(Guardian Name) (Patient Name)

understand and agree to the above statements. All questions regarding the doctor’s objectives pertaining to the care of a minor in this office have been answered to my complete satisfaction.

I, therefore, accept chiropractic care for this Minor on this basis.

As the parent/guardian for the minor child named above, I agree to participate in the initial assessing of symptoms exhibited by said child and conveying to the physician a reasonable expression of symptoms that can be used in the diagnosis and treatment of this minor on each visit.

\_\_\_\_\_  
Signature Date