



When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

**Chiropractic Care** is a science and art, which concerns itself with the relationship between the structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health.

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

**Vertebral Subluxations** is the disturbance to the nervous system. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This result in pain and dysfunction or may be entirely asymptomatic. Subluxation are corrected and/or reduced by an adjustment.

An **Adjustment** is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be included.

We do not offer diagnosis or treatment of any disease. We offer only to diagnose vertebral subluxations or neuromuscular conditions, nor do we offer advice regarding treatment prescribed by others. If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Consent to evaluate and adjust a minor child:**

I, \_\_\_\_\_, being the parent of legal guardian of \_\_\_\_\_ have read and fully understand the approve informed consent and herby grant permission for my child to receive chiropractic care.

**Pregnancy Release:**

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associations have my permission to perform x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child. Date of last menstrual cycle: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date