

Mutual Affirmation of Purpose & Consent for Care

Your health care is exactly that, **yours!** I am here to assist you on your journey. My role as your chiropractor is to provide you with resources, recommendations and choices for how to achieve your goals.

People pursue chiropractic care for many reasons and with different goals in mind. Some people have an acute problem that they need assistance with and prefer to try a more conservative, drugless approach to gain resolution. Athletes, singers and performers may be interested in utilizing chiropractic services because they recognize and rely upon their bodies for top-notch functionality. The vast majority of people who seek chiropractic care on a regular basis, however, don't consider themselves to be injured or even particularly athletic. They choose chiropractic because they find that it serves them well as an integrated approach to a healthy active lifestyle.

As a chiropractor, I recognize that all living things possess an innate intelligence, which orchestrates all healing, growth and learning for that individual. I recognize that subluxations, which are interferences or alterations to nerve function that impede the transmission of mental impulses, affect the body's innate ability to express proper function. When released, the potential stored within subluxations leads to greater ease and increased awareness. I choose to help people express better health by detecting and correcting these subluxations. I recognize that the presence or absence of symptoms or dis-ease is not necessarily an indication of the quality of health, nor is it an indication of the presence of subluxations. Symptoms are a part of an intelligent process, serving both as integral parts of the healing mechanism, and as signals to alert the individual of the need for change. I do not treat symptoms, conditions, or ailments other than subluxations. I do not offer diagnosis or treatment for any disease. I will not venture into the practice of medicine by advising about the need for alterations of medications. I suggest you speak with your medical physician to determine the objective and goal to be obtained by receiving the medical treatment. Determine if this is consistent with your desire for wellness at this point and time. Your medical physician may guide you in changing any medication or treatments you are taking to accommodate for your changing body-mind.

Consistent with these concepts, I choose to help each individual member of my practice to a greater level of wellness, empowerment, and healing. My method of assisting in this correction of the nervous system is called a chiropractic adjustment. An adjustment is the specific application of forces to facilitate the body's correction of subluxation. I locate subluxations and with whatever technique appears most honoring to that individual I assist in its release.

I am here to serve. I know the many benefits of chiropractic care. It is my desire to provide high quality chiropractic services at an affordable price. I ask that you actively participate in the decision making of your program for care so that I am fully aware of your goals.

I, _____ have read and fully understand the above statements. All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction.

I accept chiropractic care on this basis.

Signature _____ Date _____

Consent to evaluate and adjust a minor child

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

Signature _____ Date _____