



Terms of Acceptance for care:

I have been informed and fully understand that Chiropractic care along with any Nutritional advice is not for the treatment of any disease, symptom, or condition.

I understand that the body is a self-healing organism, that the nervous system is the master controller of the body and that any interference to the function of this system creates malfunction within the body.

I understand that Subluxation(s) and or vertebral misalignments interfere with function of my nervous system and produce poor health expression; therefore may result in malfunction of the organ systems of the body.

I also understand that my care is aimed to reducing and or correcting Subluxation(s) thereby restoring or optimizing my fullest health potential.

I understand that the Nutritional consultations are not to diagnose any disease but rather help facilitate the body towards optimal health and function.

I have been informed that my regular chiropractic adjustments are done in a semi-open adjusting area for the sole purpose of education, and understand that any health concerns which need to be addressed privately can be done in a private consultation room during scheduled consultation hours.

Print name: _____ Date: _____

Signature: _____

Witness: _____