

# Terms of Acceptance

*Well adjusted for life!*

*Thank you* for choosing our office for your chiropractic care! We are committed to providing you and your family with the highest quality of chiropractic care available! In order to achieve your health and wellness potential, it will be essential for you and Dr. Steve to be focused on the same goals.

In order to prevent any confusion or disappointment, it is important that you understand the following:

***Health:*** Is a state of optimal physical, mental and social well being, NOT merely the absence of disease or infirmity.

***Wellness:*** A higher quality of the human experience resulting from specific choices and actions that increase health and vitality in any dimension of life

***Innate Intelligence:*** Universal force that gives and sustains life and is responsible for health and well-being

***Vertebral Subluxation:*** Result of the body's inability to cope with the daily physical, chemical and emotional stresses. This creates a failure of the nerve system to function properly resulting in decreased health potential.

***Adjustment:*** Corrective intent placed into the body with the goal of releasing a vertebral subluxation therefore restoring proper nerve function and increasing your health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter a non-chiropractic or unusual finding, we will inform you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. We do not treat disease or offer advice regarding treatment prescribed by others. Our objective is to eliminate major interference so that the body can express its innate wisdom. Our method is specific adjusting to correct vertebral subluxations.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction and I therefore accept chiropractic care on this basis.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(print name)

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

Witness \_\_\_\_\_ Date \_\_\_\_\_