

Centennial Chiropractic Terms of Acceptance

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. Chiropractic has only one goal. 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.

Adjustments: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well being, not merely the absence of disease or infirmity.

Vertebral

Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the Transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will recommend you seek the services of another health care provider. Our methods of reducing subluxation are gentle and precise. This process usually requires a series of adjustments to allow the spine to resume normal balance and function. Your treatment plan will be individualized to your findings. Compliance with the recommended treatment plan is important to obtain results and optimize your body's ability to heal.

I, _____ have read and fully understand the
(print name)
above statements. I therefore accept chiropractic care of this basis.

(signature)

(date)

CONSENT TO EVALUATE AND ADJUST YOUR 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.

PREGNANCY RELEASE

This is to certify, that to the best of my knowledge, I am not pregnant and the above doctor has 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)