# TERMS OF ACCEPTANCE
# Lyon County Chiropractic

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 confusion and disappointment.

**Chiropractic Adjustment** – 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. Health is not merely the absence of infirmity or pain.

**Vertebral Subluxation Complex** – A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of the 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 the Vertebral Subluxation Complex. However, if, during the course of a chiropractic examination, we encounter non-chiropractic or unusual findings, we will advise 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.

Chiropractic doctors choose not to prescribe drugs or perform surgery but instead are concerned with eliminating vertebral subluxations through non-invasive and natural methods only.

Regardless of what the disease is called, we do not offer to treat it, nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations. Adjunctive therapies will be used only as needed to reduce swelling, increase circulation and to provide pain relief, not to reduce vertebral subluxations.

I, _____, have read and fully understand the above statements.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I, therefore, accept chiropractic care on this basis.

_____ _____

Patient's 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.