

# Broad Family Chiropractic



## TERMS OF ACCEPTANCE

-When a person 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.

-**Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is 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 a chiropractic spinal 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.

-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.

## CONSENT TO CARE

I do hereby authorize the doctors of Broad Family Chiropractic to administer such care that is necessary for my particular case. This care may include consultation, examination, x-rays, adjustments, or any other procedure which is advisable, and necessary for my health care.

I further understand that a fee for services rendered will be charged and that I am responsible for this fee whether results are obtained or not.

I also understand any sum of money paid under assignment by any insurance shall be credited to my account, and I shall be personally liable for any and all of the unpaid balance to the doctor.

I, \_\_\_\_\_ have read, understand, and hereby request chiropractic care based on the terms of acceptance and the consent to care.

Signature: \_\_\_\_\_ (parent/guardian if minor) Date: \_\_\_\_\_