

Bentley Chiropractic  
2901 East 20<sup>th</sup> Street, Suite 105  
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## ENTRANCE RECORD

The purpose of chiropractic is to restore and maintain the integrity of the spinal cord and its nerve roots. Misalignments of the spinal bones which interfere with the nervous system are called SUBLUXATIONS. Subluxations come from many causes and prevent various organs, glands, tissues, and muscles from functioning properly.

The goal of chiropractic is to adjust vertebral subluxations for the purpose of allowing the body to function properly and to heal itself.

Chiropractic does not treat disease or symptoms. The doctor of chiropractic's only goal is to allow the body to function properly and his only means is the correction of the vertebral subluxation.

Please understand that chiropractic is NOT a substitute for medical treatments of any kind. Also, NO statement of the chiropractor is intended as a medical diagnosis and should not be confused as such. Chiropractic is not intended to be a treatment of the symptoms of a medical condition or to treat the causes of a medical condition.

When you take a drug or medication there is a risk of dangerous side effects. When any medical test or procedure is performed certain risk is involved. When you walk down stairs, drive in a car, or play sports, there is always risk. On that note, chiropractic adjustments, which are always extremely safe and effective (a typical chiropractor's malpractice insurance cost less than his car insurance), pose a very tiny degree of risk in certain situations. The most common side effects seen in a small percentage of people are post-adjustment muscle soreness. This is comparative to post-exercise soreness. This typically subsides quickly. If you do experience any post adjustment sensations please tell the doctor on your next visit. If you have any questions concerning the safety of chiropractic in certain situations, please explain this to the doctor. The doctor will do his utmost to care for you in the safest and most effective manner, just as he would his own family.

Please PRINT OR WRITE CLEARLY:

I, \_\_\_\_\_, have read the above, understand it fully and undertake Chiropractic care on this basis.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE