



TERMS OF ACCEPTANCE

When a person seeks chiropractic health care and we accept a person for such care, it is essential for both to be working towards the same objective.

Chiropractic's objective is to eliminate the major interference to the expression of the body's innate ability to heal itself. It is important that each person understand both the objective and the method that will be used to attain it. To prevent any confusion or disappointment, we have defined the following terms to give you a deeper level of understanding.

HEALTH: The body's ability to adapt to the physical, emotional, and chemical stresses we encounter on a daily basis. It is not defined by how you feel.

ADJUSTMENT: The specific application of forces to facilitate the body's correction of vertebral subluxation. Dr. Garrett will use his hands in delivering the corrective adjustment to the spine, thus reducing and correcting the vertebral subluxation.

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 bones in the spinal column which causes disruption of nerve function and interferes with the signal between the brain and the body, resulting in a lessening of the body's innate ability to express its full health potential and adapt to the stresses you experience on a daily basis.

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 non-chiropractic or unusual findings, we will advise you and make appropriate recommendations to other health care providers.

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 the major interference to the expression of the body's innate healing ability. Our only method is specific adjusting to correct vertebral subluxations.

I have received the Terms of Acceptance privacy statement

I _____ have read and fully understand the above statements.
(Print Name)

I therefore accept chiropractic care on this basis.

X _____
(Signature)

(Date)