

# ARNOLD CHIROPRACTIC LIFE CENTER

## TERMS OF ACCEPTANCE

When a patient seeks chiropractic care and we accept that patient for such care, it is important for the doctor and patient to be working toward the same objective.

Chiropractic care has only one goal. It is important that the patient understand both the objective and the method that will be used to attain it.

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

**Vertebral Subluxation Complex:** The vertebral subluxation complex is a term used to describe a condition of the spinal column, where one or more of the 24 movable bones of the spine lose their normal motion or position and begin to function improperly. This condition can cause a disruption in the way that the spinal column protects the nervous system. The vertebral subluxation complex is the underlying cause of many health problems.

**Chiropractic:** Chiropractic is a health care profession that understands that the body is self healing and self regulating. It focuses on the integrity of the nervous system and spinal column and its relationship in the restoration and maintenance health.

**Chiropractic Adjustment:** A chiropractic adjustment is a specific application of forces used to correct the vertebral subluxation complex. This process is preformed in order to reduce nerve interference which will allow the **body** to better express its innate potential, improve function and restore health.

We do not offer to diagnose or treat **any** disease or condition other that vertebral subluxation complex. 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. We also do not offer advice regarding treatment prescribed by others. **Our only practice objective** is to reduce or eliminate nerve interference through the detection and correction of the vertebral subluxation complex. Our only method of correction is specific chiropractic adjustments.

I, \_\_\_\_\_, have read and fully understand the above statements.  
(PRINT NAME)

I accept chiropractic care on this basis.

Signature\_\_\_\_\_

Date\_\_\_\_\_