

Achievement Chiropractic

Terms of Acceptance

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

At Achievement Chiropractic, our chiropractic services have only one goal – to achieve and maintain our patients’ state of optimal physical, mental and social well being through elimination of misalignments of one or more of the body’s twenty four vertebra in the spinal column by chiropractic adjustments.

An adjustment is the specific application of forces to facilitate the body’s correction of vertebral subluxation. A vertebral subluxation is a misalignment of one or more of the twenty four 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.

Achievement Chiropractic’s light force adjustments are intended to correct misalignments of the spine. By providing chiropractic adjustments, we seek to improve our patients’ state of optimal physical, mental and social well being not merely the absence of disease or infirmity. Our program of achieving optimum health does not include the diagnosis or treatment of any disease or non-chiropractic conditions of the body. Our ONLY method of eliminating major interferences to the body’s misalignment of the vertebra in the spinal column is through light force adjustment.

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

All questions regarding Achievement Chiropractic’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 Signature) (Date)

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of
(Parent or Legal Guardian Signature)

child(ren) name(s)

have read and fully understand the Terms of Acceptance and hereby grant permission for my child(ren) to receive chiropractic care.