Back In Action Chiropractic

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Terms of Acceptance

In order to provide for the most effective healing environment, application of chiropractic procedures, and the strongest possible doctor-patient relationship, it is our wish to provide each patient with a set of parameters and declarations that will facilitate the goal of achieving health through chiropractic. PLEASE READ BEFORE SIGNING.

To that end, we ask that you acknowledge the following points regarding chiropractic care and the services that are offered through this clinic:

1. Chiropractic is a very specific science, authorized by law to address spinal health concerns and needs. Chiropractic is a separate and distinct science, and practice. It is not the practice of medicine.

2. Chiropractic seeks to maximize the inherent healing power of the human body by restoring normal nerve functions through the adjustment of spinal subluxation(s). Subluxations are deviations from the normal spinal structures and configurations that interfere with normal nerve processes.

3. The chiropractic adjustment process, as defined in the law of this jurisdiction involves the application of specific directional thrust of a region or regions of the spine with the specific intent of repositioning misaligned spinal segments. This is a safe, effective procedure applied over one-million times each day by doctors of chiropractic in the United States alone by doctors of chiropractic.

4. A thorough chiropractic examination and evaluation is part of the standard chiropractic procedure. The goal of this process is to identify any spinal health problems and chiropractic needs. If, during this process, any condition or question outside the scope of chiropractic is identified, you will receive a prompt referral to an appropriate provider or specialist, according to the initial indications of the need.

5. Chiropractic does not seek to replace or compete with your medical, dental, or other type(s) of health professionals. They retain responsibility for the care and management of medical conditions. We do not offer advice regarding treatment prescribed by others.

6. Your compliance with care plans, home and self-care, etc., is essential to maximum healing and optimal health through chiropractic.

7. We invite you to speak frankly to the doctor on any matter related to your care at this facility, its nature, duration, or cost, in what we work to maintain as a supporting open environment.

Nutritional care provided by our office uses functional nutritional testing, Nutritional Response Testing, as a health analysis and to develop a natural, complementary, health improvement program. It is designed for you, the patient, which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, and not for the treatment, or "cure" of any disease. This can include but not limited to muscle testing, saliva and stool testing, blood work, tissue mineral analysis, genetic testing, and or hydrogen/methane breath testing.

1. Nutritional care is not a method of "diagnosing" or "treating" any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

I understand and agree that the doctor of **Back In Action Chiropractic** has the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctor can determine whether to accept me as a patient.

I, _____ (print name), have read and understand the above statements.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my satisfaction. I therefore accept chiropractic care and NRT on this basis.

_____   _____
Patient's Name   Signature of Patient
                                                                                        (or Parent/Guardian)