



TERMS OF ACCEPTANCE

Please Read Carefully

When a person seeks health care it is essential for both the Practice Member and the Practice to be working toward the same objective.

Breath of Life Chiropractic has only one goal. It is important that each Practice Member understand the objective and the method(s) that will be used to attain the goal.

Subluxation-Based Wellness Care enables each individual to maximize his or her health. Health can only be maximized when the major cause of interference is removed.

The key to health is function. If you keep the parts you have today functioning at their highest potential, for the rest of your lifetime, you will have your best chance for optimum health. While you must have proper nutrition, rest and exercise, the primary factor of body function is the nervous system.

Health: A state of optimal physical, mental, social, and spiritual well-being, not merely the absence of disease or infirmity. Health will be maximized if all obstructions to it are removed.

Subluxation: A condition in which the spine malfunctions and causes an imbalance or damage to the nervous system, affecting overall health. The result is a lessening of the body's inborn "innate" ability to express life at maximum potential.

Adjustment: An adjustment is the special application of forces to facilitate the body's correction of subluxation. Our method of correction is by specific adjustments of the spine.

Regardless of what a disease is called, we do not offer to treat it, nor do we offer advice regarding treatment prescribed by others. We believe any named condition is merely a physical manifestation and not necessarily indicative of the underlying cause. Our only objective is to remove interference to the nervous system, allowing the body's innate intelligence to heal the body, thus returning your body to balance.

We do not offer to diagnose or treat any disease or condition. However, if during the course of examination, we encounter unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we give you the option to seek the service of a health care provider who specializes in symptom based care.

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

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I, therefore, accept care on this basis. _____
(Signature) (Date)

Since the patient is a minor and is being represented by another party, please sign below:

Personal Representative Name

Personal Representative Signature

Date

Relationship/Description of the authority to act on behalf of this patient