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**TERMS OF ACCEPTANCE**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same outcome. We have one major goal for you and your health and it is important that you understand our objective and the method that we will use to attain it. This will prevent any confusion or disappointment.

**Vertebral Subluxation:** A misalignment of one or more of the vertebra in the spinal column which cause alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's ability to express its maximum health potential.

**Adjustment:** An adjustment is the specific application of forces to facilitate the correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

**Health:** A state of optimal physical, mental and social well-being, not merely the absence of infirmity.

OUR PRACTICE OBJECTIVE is to eliminate major interference to the nervous system and the expression of the body's innate wisdom. Our specific method of care is precision adjusting to correct vertebral subluxations. We do not offer to diagnose, treat or give medical interpretation on any disease or condition other than those related directly to vertebral subluxations; however, if during the course of our 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.

I, \_\_\_\_\_ have read and fully understand the above statements.

(Print Name)

All questions regarding the objectives pertaining to my care at Oakley Chiropractic Center have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

\_\_\_\_\_  
(Signature) (Date)

**Minor Child Consent for Care**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_, have read and fully understand the above terms of acceptance and hereby grant permission for them to receive chiropractic care at Oakley Chiropractic Center.

\_\_\_\_\_  
(Signature) (Date)

We would like to welcome you to our practice by recognizing you and the person who referred you to us, in our monthly newsletter. If you agree to this would you please put a check mark next to "yes" below, and sign? Thank you.

\_\_\_\_\_ Yes \_\_\_\_\_ No Thank You Sign: \_\_\_\_\_ Date: \_\_\_\_\_