

Simply Chiropractic

This information is confidential. Please complete this form neatly, accurately and COMPLETELY.

Date _____

Name _____ Email Address _____

Address _____ City _____ St _____ Zip _____

Sex M F Age _____ Date of Birth _____ Occupation _____

Cell Phone _____ Work Phone _____ Best time to call _____

IN CASE OF EMERGENCY, CONTACT _____

Relationship _____ Best Phone _____ Alternate Phone _____

Who may I thank for referring you? _____

CHIROPRACTIC TERMS OF ACCEPTANCE

When a person seeks chiropractic care and that person is accepted for such care, it is essential for the chiropractor and patient/practice member to be working toward the same goal. Chiropractic care has only one objective; remove nerve interference to allow the body to fully express life. It is important that each person involved understand both the objective and the method used to attain it. This will prevent any confusion or disappointment. The following definitions will help you understand the objective of your Chiropractor.

Chiropractic Adjustment: A Chiropractic adjustment is a method of specific application of forces to the spine to facilitate the body's correction of vertebral subluxation.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity. Our ultimate goal is to increase your body's expression of life (health) by correcting vertebral subluxation.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes an alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate (natural) ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. 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 that specializes in that area. Regardless of what the disease or condition is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others.

OUR ONLY OBJECTIVE is to eliminate major interference to the expression of the body's innate, or inborn, intelligence. Our only method is specific adjusting to correct vertebral subluxation.

I have read and fully understand the above statements. The information I have provided above is true to the best of my knowledge. I hereby consent to chiropractic care and authorize Dr. Chuck Turkowski D.C. to provide chiropractic services. NO GUARANTEE NOR ASSURANCE HAS BEEN MADE TO ME concerning results of the procedures.

Patient's Signature _____

Date _____