

## *White Chiropractic Health Center, Inc.*

223 Walnut Street, Suite 14  
Framingham, MA 01702  
Phone and Fax: 508-875-6545

I would like to personally take the time to welcome you to White Chiropractic Health Center, Inc. You are about to take the first step toward personal responsibility and control of your health with the goal of increased vitality.

We utilize a very positive holistic technique known as Contact Reflex Analysis. This technique is a non-invasive system of analyzing the body in order to determine the underlying causes of illness. Once the underlying causes are established, we are able to develop a personalized health improvement program.

Your health is your responsibility; we are here to guide you. Contact Reflex Analysis is not a passive therapy or a quick fix. YOU are the most important factor in your recovery. You will be asked to accept responsibility for sometimes significant changes in diet and lifestyle, and you should be aware that restoring one's health and vitality takes time.

This journey will begin with an initial assessment to determine if you are, in fact, a good candidate for Contact Reflex Analysis. Not all people qualify; we must be confident that we can work together and be successful in assisting you in your recovery goals. The first step is to gather all pertinent information pertaining to your case. ***Therefore, it is essential that you completely fill out and return the health assessment form prior to your first visit. This information will be invaluable in devising your treatment plan***

Your first visit to our office will be a consultation and evaluation of your case. You will have the opportunity to decide whether you wish to commit to the program. If you decide to commit to the program, we will initiate treatment at this time.

We take your health seriously and only wish to do what it takes to assure your success. But, again, we can't do it without your partnership and commitment. So fill out the patient history form and sign this form below as acknowledgement of reading and understanding. We look forward to assisting you on your journey to better health!

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**TERMS OF ACCEPTANCE  
REGARDING THE USE OF  
CONTACT REFLEX ANALYSIS**

**PLEASE READ BEFORE SIGNING:**

I specifically authorize the natural health practitioners at White Chiropractic Health Center, Inc. to perform a Contact Reflex Analysis health analysis and to develop a natural, complementary health improvement program for me 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.**

I understand that **Contact Reflex Analysis is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Contact Reflex Analysis is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Contact Reflex Analysis or any natural health, nutritional or dietary programs recommended, but rather I understand that Contact Reflex Analysis is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_

(If minor, signature of parent or guardian required)