

White Chiropractic Health Center, Inc.

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TERMS OF ACCEPTANCE

When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both to be working towards the same objective. It is important that each patient understand both the objective and method that will be used to attain it. This will prevent any confusion or disappointment. A Chiropractor's main goal is to detect and correct **subluxations** to reduce or eliminate nerve or energetic imbalances in the body.

Subluxation: A subluxation is a stress response or the effect of an internal or external stressor. It is an alteration of the biomechanical and physiological dynamics of adjoining structures which can cause neural and energetic disturbances resulting in a lessening of the body's innate ability to express its maximum health potential.

Adjustment: An adjustment is the application of a light specific force to facilitate the body's correction of the **subluxation**. Our chiropractic method of correction is by specific **adjustments** of the spine, pelvis, cranium, feet etc.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity. A healthy body is able to adapt according to any given situation and environment. This is called homeostasis or adaptive balance. Any disruption in the flow of energy will cause a decrease in the expression of health, wellness and happiness.

We do not offer to diagnose or treat any disease or condition other than the detection and correction of **subluxations**. However, if during the course of a chiropractic 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.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate major nerve and energetic interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct **subluxations**. Any nutritional support, homeopathic remedies, neuro-emotional work or lifestyle change recommendations are done to support the correction of your **subluxations**. Additional charges may apply.

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 chiropractic care on this basis.

(Signature)

(Date)