

ASTORIA CHIROPRACTIC
29-15 ASTORIA BLVD.
ASTORIA, NY 11102
(718) 626- 6666

Terms of Acceptance

When you, as a patient, seek chiropractic health care and we accept a patient for such care, it is essential for both you and the Doctor to be working towards the same objective.

Chiropractic has only *one* goal. It is important that each patient understands both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: The Chiropractic adjustment that you will receive in your treatments is the specific application of forces to the spine, to facilitate the body's correction of vertebral subluxations.

Vertebral Subluxation: Is a misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interferes with the transmission of nerve impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any diseases 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 and refer treatment and diagnosis to the appropriate specialist 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 a major interference to the expression of the body's innate wisdom. Our only method is specific chiropractic adjustments to correct vertebral subluxations.

As with any treatment, there are risks associated with chiropractic treatments. Though these risks are rare, it is important that as a patient you are aware of them and we urge you to ask questions of your provider regarding your condition, treatment plan, associated risks, and alternative treatments. These risks include a worsening of your symptoms including muscle sprain, rare instances of rib fracture, and the extremely remote possibility of injury to the vertebral artery.

The risk of injuries or complications from treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I have read and fully understand the above statements. I acknowledge I have discussed with my healthcare provider the condition that the treatment is to address, the nature of the treatment, the risks and benefits of that treatment and any alternatives to that treatment.

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)