



TRU FORM
CHIROPRACTIC

Terms of Acceptance

It is the sole purpose of any chiropractor in this office to remove interference to the nervous system by locating, analyzing, and correcting vertebral subluxation (misalignment of the spinal bones). This focus is unique to the profession of chiropractic. By correcting subluxations and removing the nervous system interference, proper nerve flow and function is restored. Restoration of proper nerve flow is vital for improved quality of life, maximizing your body's ability to adapt to environmental stressors (both internal and external), complete expression of life and wellness, and increased immune responses by your body. Thus, chiropractic care is safe and effective for all ages of the population.

Both chiropractic care and traditional medical care seek to improve the overall health of the individual, but do so in different ways. Chiropractic care is focused on the proper alignment of vertebrae in order to achieve maximum function of the nervous system. Traditional medical care is focused on diagnosing and treating specific conditions and symptoms. Since both fields are operating with different goals in mind, a patient can undergo chiropractic care and traditional medical care simultaneously. Due to the unique nature of chiropractic care, this office **DOES NOT** diagnose any specific illness/condition, nor does it prescribe any type of treatment/medication. Therefore, chiropractic care is not a substitute for medical care and/or any prescribed medication.

As with any healthcare procedure, some individuals experience side effects following a chiropractic adjustment. These side effects may include but are not limited to: strain/sprain, stiffness, tenderness, pain, swelling, and muscle tension/spasms. These complications usually occur at the location of care, following an adjustment, and typically dissipate after a few hours. Stroke occurrence following a cervical adjustment has been the topic of much disagreement and controversy. These incidences are exceedingly rare and the likelihood of this happening is estimated to be one in five million (if not less frequent). Every effort will be made to screen for contraindications to care; however, it is the responsibility of the patient to report any changes (medication, surgeries, complaints, etc), new diagnosis, or past medical history to their provider.

This office operates in accordance with HIPAA and **WILL NOT** share any of your personal or health related information with outside agents or companies without a signed release from the patient. Your privacy and trust is our priority. However, in the event of suspected abuse or fear of endangering others certain information may need to be shared with law/government officials and/or other health professionals. A patient is considered "inactive" if it's been one year or longer since their last visit. Inactive status requires a patient to fill out new paperwork and undergo a reactivation visit. This visit may differ in price from a standard office visit. By signing this form, you are consenting to allow Tru Form Chiropractic to contact you via the phone number(s), email(s), and address(es) you listed. Unless otherwise noted by the patient, it is appropriate to leave messages at the numbers provided.

I _____ (print name clearly) have read the above. I understand Tru Form Chiropractic's Terms of Acceptance and choose to undergo chiropractic care in this office on this basis.

Signature _____

Date _____