



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 type of medical care or medication, chiropractic care has some temporary side effects. These side effects may include but are not limited to: stiffness, tenderness, pain, swelling, and muscle tension/spasms. These side effects usually occur at the location of care, following an adjustment, and typically dissipate after a few hours.

Because chiropractic care does not fit the traditional medical care model (diagnosis of symptomology), this office **DOES NOT** accept any insurance plans as payment. No health insurance, accident insurance, personal injury, or worker's compensation paperwork will be filed through this office. The fee system set in place is aimed to provide life-long chiropractic care for patients of all ages. This office will accept payment in the form of cash, check, and credit/debit card.

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 _____