

**CANTON CHIROPRACTIC LIFE CENTER**  
**43050 FORD ROAD \* STE 140**  
**CANTON MI 48187**  
**(734)-981-8210**

**TERMS OF ACCEPTANCE**

When a person seeks chiropractic care and when a chiropractor accepts a patient for such care, it is essential that they both are seeking and working toward the same goals. Chiropractic has one goal. It is therefore important that you understand the goal and our method to attain it. In this way there will be NO confusion, misunderstanding, or disappointment.

First, please understand that Chiropractic is NOT a substitute for medical treatment of any kind. Also, NO statement of the Chiropractor is intended to be a medical diagnosis and should not be confused as such. Chiropractic is not intended to be a treatment of the symptoms of a medical condition or to treat the cause or causes of a medical condition.

The purpose of Chiropractic is to restore and maintain the integrity of the spinal cord and its' nerve roots. These vial nerve pathways are housed in and protected by the bones of the spine (vertebrae). Misalignments of the vertebrae, which interfere with the function of these pathways, are called **SUBLUXATIONS**. Subluxations come from many caused and prevent various organs, glands, and tissues from functioning properly.

By receiving Chiropractic **ADJUSTMENTS**, subluxations are corrected (reduced.) Thus, the normal nerve function restores itself. The goal of Chiropractic is to adjust vertebral subluxations for the purpose of allowing the proper transmission of nerve supply over nerve pathways to every part of the body at all times.

This allows the body's inborn, innate healing ability to work at maximum efficiency. With a proper nerve supply, health improves. In some, symptoms clear up quickly. In others, the process is slower, and in some, it is only partial or not at all. Regardless of what the disease is called, the Chiropractor does not offer to heal or treat it. The Chiropractor' only goal is to allow the body to heal itself by means of specific adjustments for the correction of the vertebral subluxation.

I \_\_\_\_\_ (print name) have read and fully understand the above statements. 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 \_\_\_\_\_