Dr. Joe Demyen
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Canton, GA 30115
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DEMYEN
FAMILY CHIROPRACTIC

www.demyenchiro.com

Patient # _____

"A Revolutionary Approach to Healthcare!"

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

- **Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of neurological subluxation. Our chiropractic method of correction is by specific adjustments of the spine and sometimes the extremities.

- **Health:** A state of optimal physical, mental and social well-being; not merely the absence of disease or infirmity.

- **Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column which is caused by an alteration of nervous system function and interference with the transmission of mental 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 disease or condition other than subluxation. However, if during the course of a chiropractic neurological 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 another health care provider.

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 adjusting to correct neurological subluxations.

I, _____ have read and fully understand the above statements.
(Print Parent's Name)

All questions regarding the doctor's objectives pertaining to my child's care in this office have been answered to my complete satisfaction.

I therefore accept Chiropractic care for my child, _____ on this basis.
(Print Child's Name)

X_____ _____
Parent Signature *Date*