

## TERMS OF ACCEPTANCE

I, \_\_\_\_\_, hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures by Dr. Lincoln Kamell, Dr. Matthew Smith, and /or other licensed doctors of chiropractic who may practice in or by contracted by Eastlake Chiropractic Center.

The following items will, upon my request, be explained to me to my satisfaction, and I will have an opportunity to discuss them with Dr. Kamell, Dr. Smith, or other clinic personnel at any time:

1. Chiropractic care is the science, philosophy and art of locating and correcting spinal subluxations (misalignments and/or joints lacking in proper mobility), and, as such, is oriented toward improvement of spinal function relative to range of motion, muscular and neurological aspects. This is its only goal. There has been no promise, implied or otherwise, to treat or offer cure for any symptom, disease or condition as a result of care in this clinic.
2. I understand that the chiropractor will use his hands or a mechanical device upon my body to adjust a joint which may cause an audible "pop" or "click".
3. It is my intention to rely on the doctor to exercise professional judgment during the course of any procedures which he feels at the time to be in my best interest. If during the course of a chiropractic examination he encounters non-chiropractic or unusual findings, he will advise me. If I desire advice, diagnosis or treatment for those findings, he will recommend the services of a health care provider who specializes in that area.
4. It is not reasonable to expect the doctor to be able to anticipate or explain all possible risks and complications of a given procedure on my particular visit.
5. The chiropractic adjustment is usually beneficial and seldom causes any problem. In rare cases, underlying physical defects, deformities, or pathology may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment if he is aware that such a condition exists. Complications that may arise on an extremely rare basis include sprains/strains, dislocations, fractures, disc injuries, or CVA's (cerebral-vascular accidents).

I have read the above or have had it read to me. I am comfortable with the information provided. I consent to chiropractic treatment and management on that basis.

Signature: \_\_\_\_\_ Date \_\_\_\_\_