

TERMS OF ACCEPTANCE

These are the terms under which all patients are accepted for care in this office.

It is clearly understood that there is no promise or any offer of any kind, on the part of the doctor(s) or this office, to treat any symptom, condition, or disease.

Although I may have come to this office with the initial expectation of relief of a particular symptom or condition, it has been clearly explained to me that the only purpose of Chiropractic care is to remove or reduce nerve interference caused by the presence of a Vertebral Subluxation.

This correction is undertaken for no other reason than that these Vertebral Subluxations interfere with the capacity of the body to fully express life.

We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxations or neuron-musculoskeletal conditions. However, if during the course of a chiropractic spinal 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 vertebral subluxations. However, we may use other procedures to help your body hold the adjustments.

I, _____ have read and fully understand the above statements.
(print name)

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)

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